



**TEXAS DEPARTMENT OF LICENSING AND REGULATION**  
P.O. Box 12157 - Austin, Texas 78711-2157  
1-800-803-9202 - (512) 463-6599 - FAX (512) 463-5984  
www.license.state.tx.us - automotive.parts.recyclers@license.state.tx.us

**USED AUTOMOTIVE PARTS RECYCLER EMPLOYEE APPLICATION**  
PURSUANT TO TEXAS OCCUPATIONS CODE, CHAPTER 2309

RECEIPT NUMBER	PMT. AMOUNT	MONEY TYPE
	<b>\$30</b>	

DO NOT WRITE ABOVE THIS LINE

**1. Full Name:**

\_\_\_\_\_

Last First Middle Initial Suffix (JR, SR, III)

**2. Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Month Day Year

**3. Gender**  Female  Male

**4. Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application.

**5. Physical Location:** STREET ADDRESS MUST BE DESIGNATED BELOW. (A license will not be issued to a P.O. Box.)

\_\_\_\_\_

Number, Street, Suite No., Apt. No. City State Zip

**6. Mailing Address :** (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

\_\_\_\_\_

Number, Street, Suite No., Apt. No. City State Zip

**7. Phone:** ( ) -

**8. Fax:** ( ) -

**9. E-mail Address:**

**10. Have you ever been convicted of a criminal offense or been placed on deferred adjudication?**

(Include all felonies and misdemeanors other than traffic tickets.)  Yes  No

If YES, attach a "Criminal History Questionnaire" to this application. A Criminal History Questionnaire may be found at [www.license.state.tx.us/parts/aprforms.htm](http://www.license.state.tx.us/parts/aprforms.htm).

**11. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state?**  Yes  No

If YES, submit a "Disciplinary Action Questionnaire" with this application. A Disciplinary Action Questionnaire may be found at [www.license.state.tx.us/parts/aprforms.htm](http://www.license.state.tx.us/parts/aprforms.htm).

**12. By signing and submitting this application, I certify that information submitted on this and any attached forms is true and correct. I further certify that I will comply with all applicable provisions of the Texas Used Automotive Parts Recyclers Act; Texas Occupations Code, Chapter 2309; TEX. ADMIN. CODE, Chapter 60; and the Used Automotive Parts Recyclers Administrative Rules, TEX. ADMIN. CODE, Chapter 87. I understand that providing false information on this application may result in revocation and/or denial of the license I am requesting and the imposition of administrative penalties and sanctions.**

Employee Signature

Date