

**Continuing Care Providers Officers and Directors Page
(CCRC Form 3)**

_____ (Name of Provider) _____ (Address)

_____ (Name of Company) _____ (Address)

Complete all items and each column by listing ALL CURRENT OFFICERS and DIRECTORS, TRUSTEES or PARTNERS of the Company.

OFFICERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		President	
		Secretary	
		Treasurer	

DIRECTORS/TRUSTEE/ PARTNERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE (Director, Trustee, Partner)	DATE FIRST APPOINTED OR ELECTED

(Continue on separate sheet if necessary)

On this day personally appeared _____, President;
_____, Secretary; _____ Treasurer
of _____, being persons known to me, and who each after being
duly sworn stated on his oath that the statements and representations contained in this form are true
and correct.

(President's signature) (Secretary's signature) (Treasurer's signature)

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____ 20 _____

(Notary Seal)

Signature of Notary

Notary's Printed Name

My Commission Expires: _____

*Disclosure of your social security number is required by Texas Family Code § 231.302. It will be maintained as part of your license file. If you do not have a social security number, you must file a sworn affidavit stating your name and the fact that you do not have a social security number and why no social security number is held.

**Show full legal name and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous year.

 Email filing to CLRFilings@tdi.texas.gov

► **Questions?**

Email us at CompanyLicense@tdi.texas.gov or call 512-676-6365.