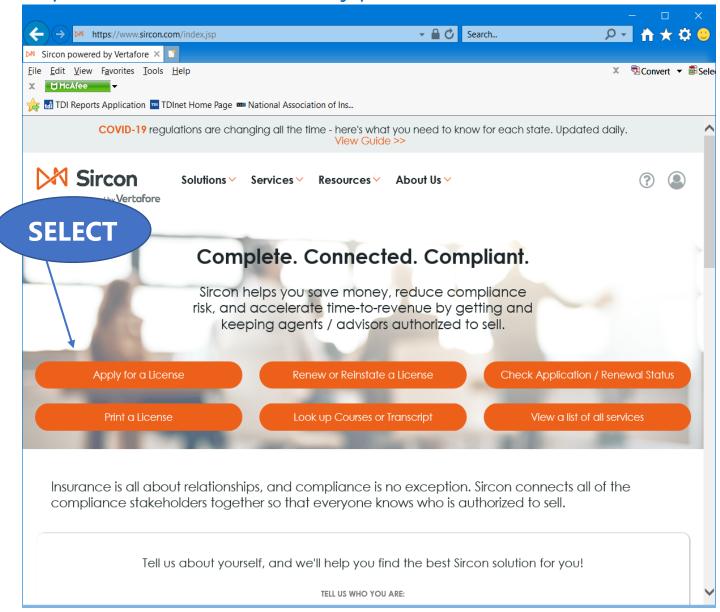# For Resident applications
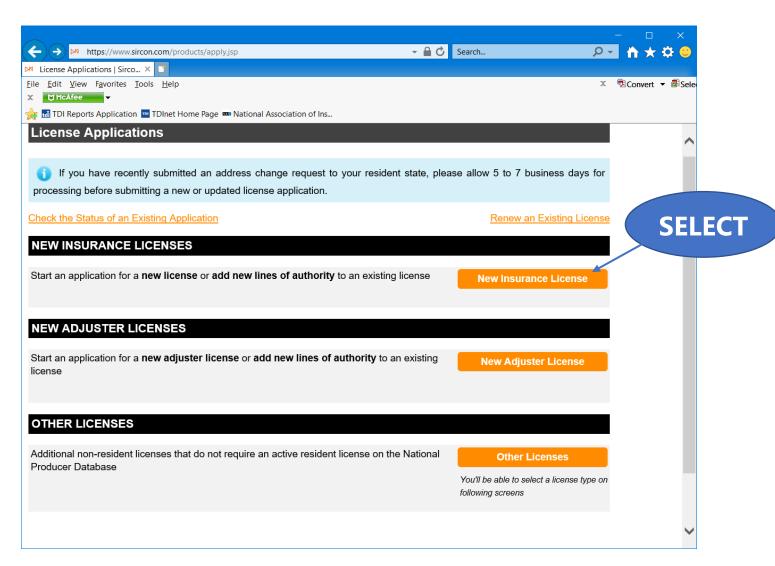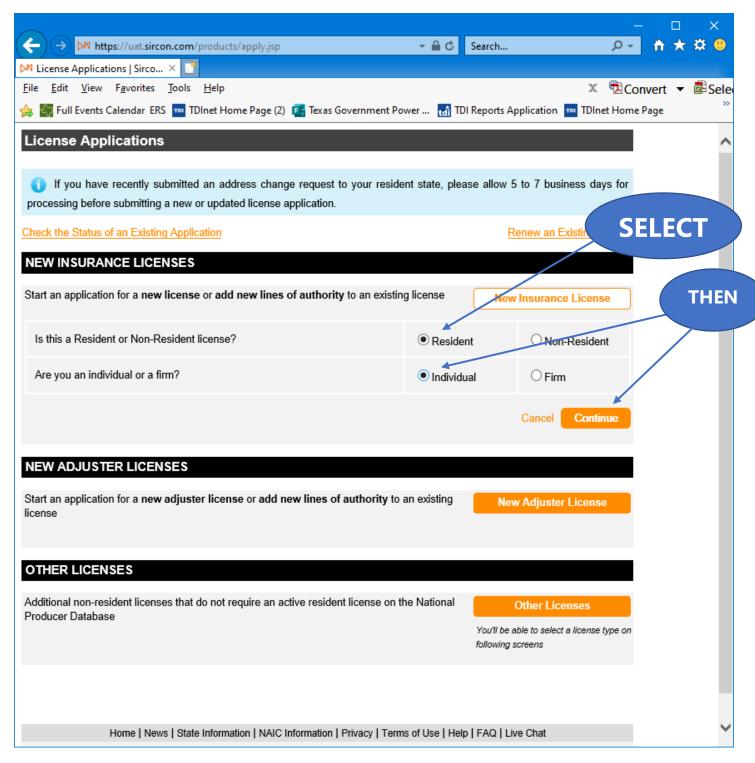
https://www.sircon.com/index.jsp
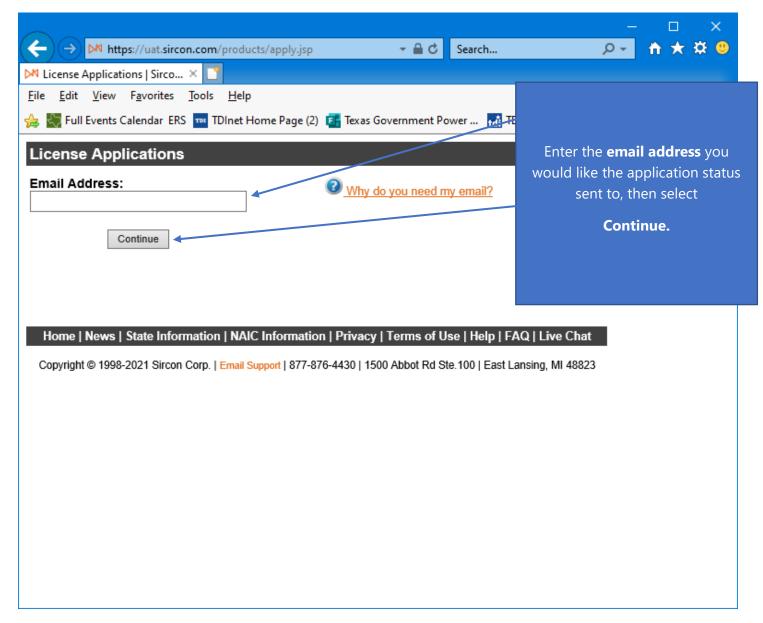

Select "**Apply for a License**"

Select "**New Insurance License**"

Select "**Resident**", select "**Individual**", and then "**Continue**".

Enter the **"Email Address"** that you would like the status of this application sent to.

Individual Resident License Application

Last Name [   ] *Required*
SSN [   ] *Required*
Confirm SSN [   ] *Required*

Preparer ○ Applicant ○ Authorized Submitter *Required*

A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).

States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at https://oci.georgia.gov/citizenship-affidavit.

AL applicants: All individual license applicants must submit proof of US citizenship by going to https://aldoi.gov/LicenseeCZ/Initial.aspx before your license is issued.

○ Alabama	○ Hawaii	○ Massachusetts	○ New Mexico	○ South Dakota
○ Alaska	○ Idaho	○ Michigan	○ North Carolina	○ Tennessee
○ Arizona	○ Illinois	○ Minnesota	○ North Dakota	○ Texas
○ Arkansas	○ Indiana	○ Mississippi	○ Ohio	○ Utah
○ California	○ Iowa	○ Missouri	○ Oklahoma	○ Vermont
○ Colorado	○ Kansas	○ Montana	○ Oregon	○ Virginia
○ Connecticut	○ Kentucky	○ Nebraska	○ Pennsylvania	○ Washington
○ Delaware	○ Louisiana	○ Nevada	○ Puerto Rico	○ West Virginia
○ District of Columbia	○ Maine	○ New Hampshire	○ Rhode Island	○ Wisconsin
○ Georgia	○ Maryland	○ New Jersey	○ South Carolina	○ Wyoming

States Accepting Paper License Applications

There are currently no states accepting paper license applications.

Enter the **Required** **information**,

Answer Preparer Question.

Then Select **Texas.**

Enter the **Required Information**, select the **Preparer**, then select **Texas.**

Select the **Payment Method**, then click **Continue**.

Individual Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: **State Information Center**

License Information

General Lines includes 2 qualifications, LAH and P&C. If you select General Lines, SELECT THE PROPER QUALIFICATION. To apply for resident Adjuster license, attach Certificate of Completion from Adjuster prelicensing course OR Passed Score report from State Exam vendor OR CPCU designation or Associate in Claims (AIC) certification.
To apply for an emergency adjuster general lines license, click Temporary General Lines ER Adj.

State Texas

License Type
- ○ Adjuster
- ○ County Mutual Agent
- ○ Escrow Officer
- ○ FM-Alarm Monitoring Technician
- ○ FM-Alarm Planning Supt.
- ○ FM-Ext Apprentice Permit
- ○ FM-Ext Planner's Lic
- ○ FM-Fire Alarm Instructor
- ○ FM-Fire Alarm Technician
- ○ FM-Fire Ext Lic Type A
- ○ FM-Fire Ext Lic Type B
- ○ FM-Fire Ext Lic Type K
- ○ FM-Flame Effects Operator
- ○ FM-Pyrotechnic Operator
- ○ FM-Pyrotechnic Special Eff Op
- ○ FM-Res Alarm Superintendent
- ○ FM-Res Alarm Superintendent-SS
- ○ FM-Res Alarm Technician
- ○ FM-Resp Managing Emp/Dwelling
- ○ FM-Resp Managing Emp/General
- ○ FM-Resp Managing Emp/Inspector
- ○ FM-Resp Managing Emp/Undergrnd
- ○ General Lines Agent
- ○ Life Agent Individual
- ○ Life Agt Not Exceed $25,000
- ○ Life Settlement Broker
- ○ Life Stlmnt LE Estimator
- ○ Life Stlmt Bkr Regr - Life Agt
- ○ Limited Lines Agent
- ○ Managing General Agent
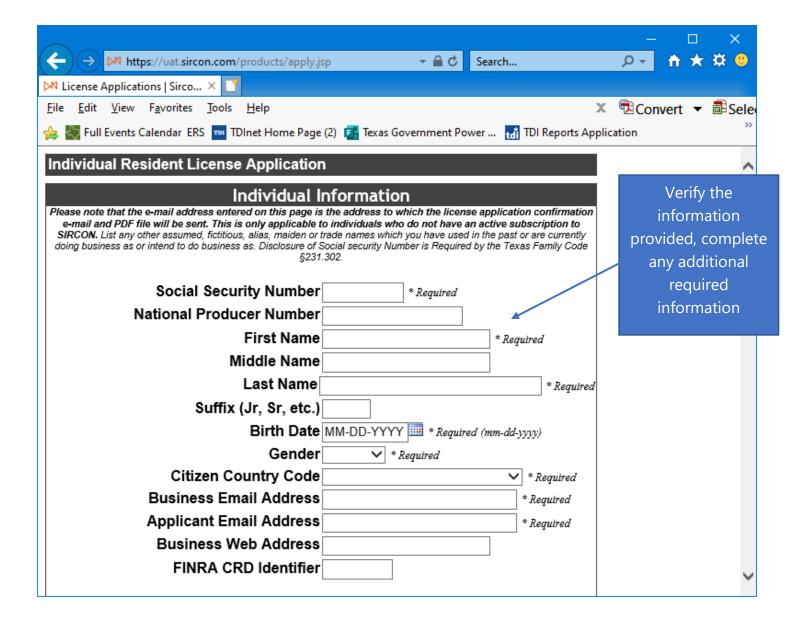- ○ Pers Lines Prop and Cas Agent
- ○ Pre-Need Agent
- ○ Public Insurance Adjuster
- ○ Risk Manager
- ○ Specialty Insurance Agent
- ○ Surplus Lines Agent
- ○ Temp Gen Lines LAH HMO Agent
- ○ Temp Gen Lines- Emer P&C Agent
- ○ Temp General Lines - P&C Agent
- ○ Temp Life Ins Not Excd $25,000
- ○ Temp. Pers Lines Prop and Cas
- ○ Temporary County Mutual Agent
- ○ Temporary General Lines ER Adj
- ○ Temporary Life Agent
- ○ Temporary Limited Lines Agent
- ○ Temporary Pre-Need Agent
- ○ Trainee License

Previously licensed ? ○ Yes ● No

[Cancel] [Back] [Continue]

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Select **License type**,

Answer Previously Licensed Question.

Then Select **Continue**

Select the "**License Type**", then answer **Previously licensed**, then click **Continue**.

Individual Resident License Application

Individual Information

Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as. Disclosure of Social security Number is Required by the Texas Family Code §231.302.

Social Security Number [ ] * Required
National Producer Number [ ]
First Name [ ] * Required
Middle Name [ ]
Last Name [ ] * Required
Suffix (Jr, Sr, etc.) [ ]
Birth Date [MM-DD-YYYY] 📅 * Required (mm-dd-yyyy)
Gender [▼] * Required
Citizen Country Code [▼] * Required
Business Email Address [ ] * Required
Applicant Email Address [ ] * Required
Business Web Address [ ]
FINRA CRD Identifier [ ]

Verify the information provided, complete any additional required information

https://uat.sircon.com/products/app

License Applications | Sirco...

File   Edit   View   Favorites   Tools   Help

Full Events Calendar ERS   TDInet Home Page (2)   Texas Government Power ...

Individual Alias Information

The information in this section is optional.
If you elect to provide this information, please enter all required fields.
List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)

Type [   ] *Required*
First Name [   ] *Required*
Middle Name [   ]
Last Name [   ] *Required*
Suffix Name [   ]

Type [   ] *Required*
First Name [   ] *Required*
Middle Name [   ]
Last Name [   ] *Required*
Suffix Name [   ]

Type [   ] *Required*
First Name [   ] *Required*
Middle Name [   ]
Last Name [   ] *Required*
Suffix Name [   ]

Type [   ] *Required*
First Name [   ] *Required*
Middle Name [   ]
Last Name [   ] *Required*
Suffix Name [   ]

[Add More Individual Alias Information]

This section is Optional and should not be completed.

Individual Residence Address

The Residential address must be the physical home address where the applicant resides. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.

Line One	* Required
Line Two	
Line Three	
City	* Required
State	* Required
Postal Code	* Required
Country	* Required

Individual Business Address

The Business address must be the physical business address at which business records of insurance transactions are maintained. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.

Line One	* Required
Line Two	
Line Three	
City	* Required
State	
Postal Code	* Required
Country	* Required

Individual Mailing Address

This must be your official permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Do not enter punctuation in any address field.

Line One	* Required
Line Two	
Line Three	
City	* Required
State	
Postal Code	* Required
Country	* Required

Residence Phone Information

Phone Number	* Required

Business Phone Information

Daytime Phone Number

Phone Number	* Required
Extension	

Business Fax Information

The information in this section is optional.
If you elect to provide this information, please enter all required fields.

Fax Number	

Cancel   Back   Continue

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Complete the address, and phone number information, then select **Continue**

Individual Resident License Application

Employment History Information

Please enter information into the sections below (at least one is required).

Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. If providing current employment, please enter current month and year as the end date.

Current Employment ☐

Beginning Date	[____] *Required (mm-yyyy)*
Ending Date	[____] *Required (mm-yyyy)*
Employer Name	[____] *Required*
City	[____] *Required*
State	[▼]
Province	[▼]
Country	[▼] *Required*
Position Description	[____] *Required*

Current Employment ☐

Beginning Date	[____] *Required (mm-yyyy)*
Ending Date	[____] *Required (mm-yyyy)*
Employer Name	[____] *Required*
City	[____] *Required*
State	[▼]
Province	[▼]
Country	[▼] *Required*
Position Description	[____] *Required*

Current Employment ☐

Beginning Date	[____] *Required (mm-yyyy)*
Ending Date	[____] *Required (mm-yyyy)*
Employer Name	[____] *Required*
City	[____] *Required*
State	[▼]
Province	[▼]
Country	[▼] *Required*
Position Description	[____] *Required*

Current Employment ☐

Beginning Date	[____] *Required (mm-yyyy)*
Ending Date	[____] *Required (mm-yyyy)*
Employer Name	[____] *Required*
City	[____] *Required*
State	[▼]
Province	[▼]
Country	[▼] *Required*
Position Description	[____] *Required*

[Add More Employment History Information]

> Enter at least **5 years** worth of **Employment History.**

Affiliation Information

The information in this section is optional.
If you elect to provide this information, please enter all required fields.

Agency Name [   ] * Required
Agency EIN [   ] * Required
National Producer Number [   ]

Agency Name [   ] * Required
Agency EIN [   ] * Required
National Producer Number [   ]

Agency Name [   ] * Required
Agency EIN [   ] * Required
National Producer Number [   ]

[Cancel] [Back] [Continue]

This section is Optional and should not be completed.

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Do not Complete this Section, it is optional anyway. Then select "**Continue**".

https://uat.sircon.com/products/apply.jsp

Individual Resident License Application

Texas Individual Resident Life Settlement License Questions

All questions are required unless otherwise specified

Please answer the following Texas Individual Resident Life Settlement License Questions

Question 1

Fingerprints will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

Are you claiming exemption from the requirement to submit a fingerprint receipt based on being an individual applicant with an active TX license and have already submitted fingerprints to TDI with another license application?

○ No
○ Yes

Question 1A

If Yes, please enter the following information
TDI License Number:

[   ]

Question 1B

IdentoGO Receipt TCN # or UE ID:

[   ]

Question 1C

City Location:

[   ]

Question 1D

Date listed on fingerprint receipt (must be in mm-dd-yyyy format):

[   ]

Question 1E

Please attach the required document once you submit the application.

Fingerprint receipt will be attached to this application.

○ No
○ Yes

> Answer all questions **carefully**.
>
> Attach any required documentation to this application after you submit the application.

Complete all **Texas State Specific Questions**.

Question 2

Do you qualify for Military processing?
If yes, **attach DD214** supporting documentation

○ No
○ Yes

Question 2A

Select how you qualify?

○ A. Military service member: A person who is currently serving in (1) the armed forces of the United States, (2) a reserve component of the armed forces, including the National Guard, or (3) a state military service of any state.
○ B. Military spouse: A person who is married to a military service member who is currently on active duty.
○ C. Military veteran: A person who has served in: (1) the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or (2) in an auxiliary service of one of those branches of the armed services.

Question 3

Will the applicant conduct the business under the Life Settlement license in a name other than the applicant full legal name?

A **copy of an assumed name certificate** that has been filed with the County Clerk's office of the county in which the assumed name is utilized, or if a corporation, with Texas Secretary of State, must be attached to this application. Texas Secretary of State rather than the County Clerk.

○ No
○ Yes

Question 3A

If **"Yes"**, Enter the assumed name in the space below.

[   ]

Question 4

Does the applicant understand that if **additional business or assumed names** are used, a Texas Department of Insurance form **LDTL, FIN528** must be filed separately with the Department for each?

○ No
○ Yes

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Question 5

Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?

If answered "Yes", a license will not be issued until full details of the indebtedness are provided.

○ No
○ Yes

Cancel   Back   Continue

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application. Then Select **Continue**.

Answer all the **Universal Background** questions.

Individual Resident License Application

Uniform Background Questions - Individual

All questions are required unless otherwise specified

Please answer the following Uniform Background Questions - Individual

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

Question 1

<u>NOTE</u>: For Questions 1a, 1b and 1c, **"Convicted"** includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

    a) a written statement explaining the circumstances of each incident,
    b) a copy of the charging document,
    c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Question 1A

Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

○ No
○ Yes

> Answer all questions **carefully**.
>
> Attach any required documentation to this application after you submit the application.

Question 1B

Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

○ No
○ Yes

Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

○ No
○ Yes
○ Not Applicable

Question 1B2

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

○ No
○ Yes
○ Not Applicable

Question 1C

Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?

○ No
○ Yes

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Question 2

Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company.

You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:
a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

○ No
○ Yes

Question 3

Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

○ No
○ Yes

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Question 4

Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s):

○ No
○ Yes
Comment

Question 5

Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

○ No
○ Yes

Question 6

Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

○ No
○ Yes

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Question 7

Do you have a child support obligation in arrearage?

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

○ No
○ Yes

Question 7A

By how many months are you in arrearage?

[   ]

Question 7B

Are you currently subject to and in compliance with any repayment agreement?

○ No
○ Yes

Question 7C

Are you the subject of a child support related subpoena/warrant?

○ No
○ Yes

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Select Continue

[Cancel]   [Back]   [Continue]

Individual Resident License Application

Attestation Information for State of Texas: Life Settlement Broker

Verify the background questions were answered correctly before you submit the application.

I hereby certify that, under penalty of perjury, all the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director, Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director, Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

I further certify that I grant permission to the Commissioner, Director, Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

I hereby certify that upon request I will furnish the jurisdictions to which I am applying certified copies of any documents that will be attached, as a part of this application process or any items requested by the jurisdiction.

I will provide one of the following:

An active TDI license number in answer to Question 1
OR
my fingerprint receipt.

☐ I Agree* *Required*

[Cancel] [Back] [Continue]

Read **Attestation carefully**,

Select Agree

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Read the Attestation carefully, then select "**I Agree**", then select "**Continue**".

Individual Resident License Application

License Application Summary

State to Apply Texas
Last Name ███████

Review License Application

Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
Texas	Life Settlement Broker		$50.00

State Fee Total	$50.00
Sircon Service Fee	$8.50

Fee Summary

Electronic Applications State Fee Total	$50.00
Sircon Service Fee Total	$8.50
Processing Fee Total	$2.63
Total	$61.13

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

☐ **I understand that all license application fees are non-refundable.**

Click here to view additional state requirements

☐ I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to: [_____]

☐ Use my information to create a Sircon account so I can track and manage my license credentials and continuing education (CE) requirements for free. **What's this?**

Sircon account email [_____]
Confirm your email to sign up [_____]

[Cancel] [Back] [Submit]

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Annotation callouts:
- Review complete application. Also, Review **ASR** document carefully **before** submitting the application.
- Must be checked
- Supply / Verify email address
- Supply / Verify Sircon account
- Select Submit

The applicant must check the box next to "**I understand that all license renewal fees are non-refundable.**"

https://uat.sircon.com/ComplianceExpress/LicenseApplications/JurSrvcLicMsgs.jsp?srvcGrpCd=LICAPPL&entTypeCd=IL&...

Individual Resident License Application

License Application Additional State Requirements

Texas - Life Settlement Broker

- Before Submitting Your Application Verify the License Type/Qualification selected is the correct License Type/Qualification.
- To ensure proper processing of application, please note the following:
    - Enter all data for the application in Capital Letters only.
    - Do not enter a P.O. Box address in the Business address field.
    - Do not enter punctuation in any address field.
    - Verify the **background questions** were answered correctly before the application is submitted.
- **Method of Submitting:** After submitting your license application electronically to the Texas Department of Insurance, print a copy of the license application to retain for your own records; DO NOT mail it to the state.
- All required attachments including documentation required in response to a **"Yes"** answer on a background question or other requirements should be submitted to the state as follows:
  (1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant will be offered the Attach Supporting Documents button (paperclip icon) in the Action column.
  (2) Click the button to open the Attach Supporting Documents page.
  (3) There you can browse for the electronic document on your computer system, provide a description to give context for the reviewer, and
  (4) upload the document(s) to the license application.
  If you do not have scan capability, send all the required documents along with a cover letter to the address listed below:
- **Texas Department of Insurance**
  Agents Licensing Division
  PO Box 12030, MC-CO-AAL
  Austin, TX 78711-2030
  Phone: (512) 676-6500
- **Authorized submitters** are allowed to enter license applications on behalf of the producer.
- The Fingerprint Receipt requirement may be waived if one of the following applies:
    - The Fingerprint Requirement is waived if the applicant holds an active resident license that is similar to the license requested on this application.
    - The individual holds an **active TDI license** and has already submitted fingerprints to TDI with another license application, or
    - The non-resident individual holds a current similar license in good standing in the individual's home state as reflected on the National Association of Insurance Commissioner's Producer Database.
- **Fingerprinting**
  The fingerprint requirement is authorized in Texas Insurance Code 801.056 and amended 28 TAC 1.501 and 1.503-1.509. The complete text of the rule may be accessed at www.tdi.texas.gov/rules/2006/1003e-059.html.
  The Texas Department of Insurance strongly encourages all resident applicants to utilize electronic fingerprinting through approved vendors as authorized under the rule.
  Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.
- **Electronic Fingerprinting**
  View the Electronic Fingerprinting instructions at the following location:
  https://www.tdi.texas.gov/agent/fingerprint-instructions.html.
  (Fingerprints provided for an application will be used to check criminal history records of the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI), in accordance with applicable statutes).
- **Additional attachments required:**
- **Location of Books and Records and**
    - Provide the address of the applicant's home office where all records are maintained
    - All branches operating in and out of Texas
    - The location of any single storage facility where books or records pertaining to the business of the captioned company applicant are, or will be stored
- **Anti-Fraud Plan**
    - Provide an anti-fraud plan as required by the Texas Insurance Code Section 1111A.022
- To check on the **status of your application**, please use the following steps:
    - In your web browser, go to www.sircon.com\Texas
    - Click on the "Check License Application Status" link in the left-hand column
    - Enter your confirmation ID number, EIN and Producer Type
    - Click the Submit button
- Once your license application or renewal is approved, it may be printed at www.sircon.com\Texas. There will be no fee for printing your license for 30 days from the date the license application was approved.
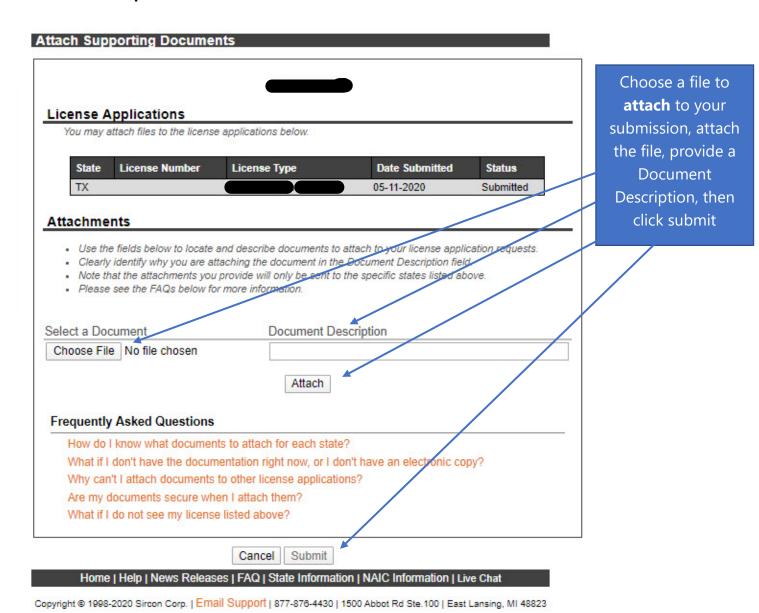- Once 30 days have passed since your license was approved, a processing fee will be charged to print your license.
- If you obtain a Sircon account (available at no cost), there is no fee for printing your license from your Sircon account at any time. Refer to www.sircon.com\Texas for information on Sircon accounts.

Close This Window

Review **ASR document carefully**.

Select close once read.

This is a **sample** of what you will see after you submit your application. This screen will provide you the opportunity to attach required documentation with your application submission. Be sure to provide a **Document Description** to each attached file.

Attach Supporting Documents

License Applications
You may attach files to the license applications below.

State	License Number	License Type	Date Submitted	Status
TX			05-11-2020	Submitted

Attachments

- Use the fields below to locate and describe documents to attach to your license application requests.
- Clearly identify why you are attaching the document in the Document Description field.
- Note that the attachments you provide will only be sent to the specific states listed above.
- Please see the FAQs below for more information.

Select a Document   Document Description
Choose File   No file chosen

Attach

Frequently Asked Questions

How do I know what documents to attach for each state?
What if I don't have the documentation right now, or I don't have an electronic copy?
Why can't I attach documents to other license applications?
Are my documents secure when I attach them?
What if I do not see my license listed above?

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Choose a file to **attach** to your submission, attach the file, provide a Document Description, then click submit

Be sure to add a Document Description to each attached file.