Texas Department of Public Safety
Regulatory Services Division
www.dps.texas.gov

- *MUST USE MOST **CURRENT** FORM*
- ***PRINT** CLEARLY IN BLACK INK*
- *MAKE SURE ENTIRE CIRCLE IS **FILLED***

PRIVATE SECURITY

EXAMPLE:
Yes ● No ○

COMPANY LICENSE INSURANCE REINSTATEMENT

INSURNACE REINSTATEMENT INFORMATION

A $150.00 reinstatement fee must accompany this form. In addition, you must include an acceptable certificate of liability insurance form (PSP-05) approved by the department. This form may be found by visiting https://www.dps.texas.gov/InternetForms/Forms/PSP-05.pdf

Additional Information: Please submit a letter with this form if you were suspended for any other reason than failure to maintain a certificate of liability insurance on file with the Private Security Program. The letter provided should explain the circumstances under which you were suspended.

THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY

COMPANY INFORMATION

Company Name

Suspension Date

Company License No.

PAYMENT INFORMATION:

Insurance Reinstatement Fee: $150.00

I am submitting the appropriate fee(s) with this form by mail.
(Note: Payment must be in the form of a cashier's check, money order or company check.)
Yes ○ No ○

*If yes, Fee(s) submitted by mail must have the PSP-50 attached (see page 2 for PSP-50 form).

I understand all fees submitted to Private Security are non-refundable and are not transferable
Yes ○ No ○

OWNER / MANAGER INFORMATION

Pursuant to the provisions of Tile 10, Chapter 1702 Occupations Code, as amended, the above named licensee request the Board to reinstate the above named license.

I hereby certify that the above named licensee is in compliance with the provisions of Title 10, Chapter 1702 Occupations Code

I verify the information provided is true and correct, and I understand this is an official government record and that any false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Manager, Manager's Designee or Owner Signature_____ Date_____

Manager, Manager's Designee or Owner printed name_____

This form and attachments can be forwarded by mail to:

Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999

Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious. Please visit: http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm

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PRIVATE SECURITY

EXAMPLE:
Yes ● No ○

APPLICATION AND FEE SUBMISSION FORM

REQUEST INFORMATION	
I understand this form is used for auditing purposes and MUST be submitted with the proper application(s) and fee(s).	Yes ○ No ○
I understand if this form is NOT attached with the supporting documents and /or if the form is incorrect, the entire package will be returned.	Yes ○ No ○

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Company Name	Company License Number

PAYMENT INFORMATION

Note: Form examples for an individual and a company are noted in the first two shaded rows of the table below. Fill in each column for your individual(s) and / or company information, as applicable. Companies do not need to include a Social Security Number (SSN), unless registration is for an individual.

Enclosed in this package are the following:

Check #	SSN (FOR INDIVIDUALS ONLY)	Individual OR Company Name	Type of Registration	Transaction	Fee $
Ex. 1010	000-00-0000	John E. Doe	Non-Commissioned	Original	$38
Ex. 200200	n/a	Just A Sample Security & Alarm Company	Company	Renewal	$412
Total # of Checks Enclosed				**Total Amount Enclosed**	$0.00

SIGNER

Signer Last Name	Signer First Name
Business Phone	Business Email

I verify the information provided is true and correct, and I understand this is an official government record and any false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Signature_____ Date_____

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