



BUSINESS UPDATE APPLICATION SUPPLEMENT

APPLICATION INFORMATION	
<input type="radio"/> I am requesting that the changes below be made to my license under the provisions of Chapter 1702 Occupations Code.	↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓
<input type="radio"/> I understand that I may not engage in any business, or provide or offer any service for which I am not currently licensed until all requirements to effect the change I am requesting have been met under the provisions of Chapter 1702 Occupations Code.	
<input type="radio"/> I understand that a new pocket card(s) and a new certificate of license may be issued by DPS which will reflect the changes made.	
Company Name	Company License Number
Company email address	
SECTION I. COMPANY NAME CHANGE	
NOTE: A Company Name Change will occur, when modifying any portion of and/or the entire name of an existing company on file with the Program. For example: to add or delete the word "Inc." to your existing company name.	
New Company Name:	
Assumed name (if any):	
SECTION II. CHANGE IN BUSINESS STRUCTURE/ASSIGNMENT	
I am changing the structure of my company from: <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> Corporation	
to: <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> Corporation	
SECTION III. ADD/REMOVE SERVICES OR RECLASSIFICATION (NO FEE UNLESS CHANGING CLASS)	
Select the service(s) the business provides. Changes which require additional fees can be submitted online via TOPS.	
<input type="radio"/> Alarm System Company <input type="radio"/> Guard Company <input type="radio"/> Armored Car Company <input type="radio"/> Investigations Company <input type="radio"/> Courier Company <input type="radio"/> Locksmith Company <input type="radio"/> Electronic Access Control Device Company (Includes Gate Operators)	
SECTION IV. CHANGE OF OWNER/COMPANY REPRESENTATIVE/ASSIGNMENT OF LICENSE	
<input type="radio"/> I understand the following regarding Assignment of a license: <ul style="list-style-type: none">The department may approve the assignment of a company license to the spouse or heir(s) of a deceased owner provided:<ul style="list-style-type: none">A copy of the owner's death certificate is filed with the department; andA copy of the Will, Order Admitting Will to Probate, Letters of Testament, Affidavit of Heirship with two affiants' signatures, or Order of Heirship is filed with the department. Other assignments will be permitted only under one of the conditions detailed below: <ul style="list-style-type: none">The ownership in the assignor and assignee will remain the same;the owners holding at least 25% ownership in the original license, and collectively holding a majority ownership interest, consent to the assignment; orIf there is an insufficient number of owners holding at least 25% ownership in the original license to potentially hold a majority in ownership interest in the license, the license may be assigned by majority vote of the entity's board of directors or equivalent level decision making body of the licensee. The license holder must provide the department written documentation reflecting the vote and the intended date of assignment.The assignor must provide the department written documentation establishing the intended date of assignment and notarized statements establishing the consent of a majority of the owners of the current license. The assignee must ensure any new owners are in compliance with the requirement of the Act. The assignee may not perform regulated services prior to the proposed date of assignment or the date of the department's approval of all required license applications or fingerprint submissions for new owners, whichever is later. The assignor must cease performance of all regulated services on the earlier of either the proposed date of assignment or the date of surrender or termination of any related owner licenses.	

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Company Name	Company License Number
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SECTION V. PLEASE TERMINATE THE FOLLOWING PERSON(S) FROM THE ABOVE COMPANY:

Ownership Percentage (required)	Full Name (Print)	Position/Title	SSN	Termination Date
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		

SECTION VI. PLEASE MAKE NOTE OF THE NEW PERSON(S) FILLING THE POSITIONS OF OWNER, OFFICER, PARTNER, SHAREHOLDER OR COMPANY REPRESENTATIVE. An application to register each of the individuals listed below is required unless they own less than 25% and will be a non-applicant shareholder. Provide information on 100% of the ownership.

Ownership Percentage (required)	Full Name (Print)	Position/Title	SSN	Hire Date
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		
		<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Designated Officer <input type="radio"/> Shareholder <input type="radio"/> Primary Company Representative <input type="radio"/> Alternate Company Representative		

☐ **I acknowledge the governing body for this business has met and agreed to add and/or remove the individual(s) listed above as Designated Officer(s) and will provide Meeting Minutes if requested.**

PAYMENT INFORMATION

<input type="radio"/> Company Name Change: \$75.00 fee + \$2 subscription fee = \$77.00
<input type="radio"/> Change in Business Structure/Assignment: \$150.00 fee + \$5 subscription fee = \$155.00
<input type="radio"/> Reclassification of License: Class A to Class C: \$190.00 + \$5 subscription fee = \$195.00
<input type="radio"/> Reclassification of License: Class B to Class C: \$140.00 + \$4 subscription fee = \$144.00
<input type="radio"/> Reclassification of License: Class A to Class B (removing Investigations): \$50.00 + \$2 subscription fee = \$52.00
<input type="radio"/> I am submitting the appropriate fee(s) with this application by mail. (Note: Payment must be in the form of a cashier's check, money order or company check.) If mailing a fee a PSB-50 form must be submitted with this application.

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Company Name	Company License Number
ACKNOWLEDGEMENTS	
<input type="radio"/> I understand that all fees submitted to DPS are non-refundable, are not transferable and that, in accordance with Administrative Rule 35.23, I will have 90 days from the date of notice of a deficiency to turn in all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply. (required)	
<input type="radio"/> I understand that the information provided is true and correct, and I understand that 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. (required)	
<input type="radio"/> I understand that the naming of companies is subject to Texas Administrative Code §35.9. (NOTE: A company is responsible for continued accuracy of all information relating to a Branch Office and for any late fees relating to the renewal of the company license). (required)	
<input type="radio"/> I understand DPS staff does not evaluate and will not make a determination regarding the propriety or legality of the company name under which a license applicant intends to conduct regulated services, or the uniform, patches, or insignia worn by the officers or displayed on the company's vehicles. It is the responsibility of the licensee to ensure compliance with the law, including with the requirements of Occupations Code Section 1702.130. The applicant is responsible for ensuring that the company name, uniforms, or insignia are not used with the intent to give an impression that the person or company is connected with the federal government, a state government, or a political subdivision of a state government. (required)	
<input type="radio"/> I acknowledge all communications will be sent to the following email:	

Printed Name and Title of the individual authorized to submit the application on behalf of this business _____ Date _____

Applicant Signature _____ Date _____

Owner or Company Representative Signature _____ Date _____

This form and any attachments may be submitted online at:

<https://www.dps.texas.gov/rsd/contact/psb.aspx>

If payment is required, 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

For mailed payments submit a PSP-50 Application and Fee Submission form.

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>



APPLICATION AND FEE SUBMISSION FORM

FEE SUBMISSION FORM INFORMATION

This form is used for auditing purposes and must be submitted with the proper application(s) and fee(s). If this form is not attached with the supporting documents and or if the form is incorrect, the entire package will be returned.

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

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) or company information, as applicable. Companies do not need to include a Social Security Number (SSN), unless application is for an individual.

ENCLOSED IN THIS PACKAGE ARE THE FOLLOWING:

Check #	SSN (FOR INDIVIDUALS ONLY)	Individual OR Company Name	Application Type	Transaction Type	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	\$417
Total # of Checks Enclosed		Total Amount Enclosed			

ACKNOWLEDGEMENTS

- ☐ I understand that all fees submitted to DPS are non-refundable, are not transferable and that, in accordance with Administrative Rule 35.23, I will have 90 days from the date of notice of a deficiency to turn in all required documentation, supplemental information and fees OR this application will be abandoned and I will be required to reapply.
- ☐ I verify that the information provided is true and correct, and I understand that 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.

Signer Last Name	Signer First Name
Signer Email	
Company Name	Company License Number
Company Email	

Signature _____ Date _____

This form and attachments can be forwarded by mail to:

**Texas Department of Public Safety
Private Security MSC 0242
P.O. Box 15999
Austin, Texas 78761-5999**