



IID SERVICE CENTER OWNER INFORMATION FORM

FORM INFORMATION			
Individuals identified as an owner, partner, or shareholder owning a 25% or greater interest in the entity must complete this form. The director of the entity, and each officer of the entity who oversees the entity's regulated functions must complete and submit this form. In addition, all individuals submitting this form will need to submit to a state and national background check.			
↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓			
TYPE OF OWNERSHIP (Select all that apply)			
<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Shareholder <input type="radio"/> Director <input type="radio"/> Officer Who Oversees The Entity's Regulated Function			
Service Center Name (as it appears on business license)		Service Center Number (As reflected on certificate if applicable)	
INDIVIDUAL INFORMATION			
Last Name	First Name	Middle Initial	Suffix (If Any)
Email Address			
Date Of Birth	Country Of Birth	State	
<input type="radio"/> State Issued DL <input type="radio"/> USA Passport <input type="radio"/> State Issued ID <input type="radio"/> Military ID DL/ID Issuing State DL/ID, Passport Or Military ID Number			
Home Address		County	
City	State <small>(2-Letter Code)</small>	Zip Code	Home Phone
Mailing Address		County	
City	State <small>(2-Letter Code)</small>	Zip Code	
Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown Eye Color: <input type="radio"/> Black <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Gray <input type="radio"/> Green <input type="radio"/> Hazel <input type="radio"/> Maroon <input type="radio"/> Pink <input type="radio"/> Unknown			
Hair Color: <input type="radio"/> Bald <input type="radio"/> Black <input type="radio"/> Blonde <input type="radio"/> Brown <input type="radio"/> Gray <input type="radio"/> Red <input type="radio"/> White <input type="radio"/> Other Height: Ft. In. Weight: lbs.			
Race: <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian or Pacific Islander <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Other			
List any aliases you have:			
BACKGROUND INFORMATION QUESTIONS			
1. Have you ever been convicted, in any jurisdiction, of a felony level offense? <input type="radio"/> Yes <input type="radio"/> No			
2. Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor? <input type="radio"/> Yes <input type="radio"/> No			
3. Have you ever been convicted, in any jurisdiction, of a Class B or equivalent misdemeanor? <input type="radio"/> Yes <input type="radio"/> No			
ACKNOWLEDGEMENTS			
<input type="radio"/> I understand that all fees submitted to DPS are non-refundable, are not transferable and 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. <small>(required)</small>			
<input type="radio"/> 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. <small>(required)</small>			
<input type="radio"/> I understand, any conviction referred to above may require the submission of the appropriate court documentation, with this form. Failure to report a conviction, later found by a criminal history search, may result in denial or revocation of a license based solely on the material misstatement of fact in this form. <small>(required)</small>			
<input type="radio"/> I acknowledge I have reviewed Texas Occupations Code, §53.021(a)(1). In addition, I acknowledge I have reviewed the disqualifying offenses listed in Texas Administrative Code §10.6. <small>(required)</small>			

Signature _____ Date _____

Note: Individuals are not required to submit Page 2 of this form.

This form and any attachments may be forwarded electronically to:

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

If payment is required, this form and attachments can be forwarded by mail to:

Texas Department of Public Safety
Ignition Interlock Device
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>