Office of
Consumer
Credit
Commissioner

2601 N Lamar Blvd
Austin TX 78705
www.occc.state.tx.us

512-936-7600
Fax: 512-936-7610

PERSONAL AFFIDAVIT

Every principal party and every individual responsible for daily operations must complete and file this form. If space is insufficient for any answer, attach a complete answer.

Full Name _____
First Middle Maiden Last

Other Names (Alias) _____

Address to mail personal correspondence _____

_____

Social Security Number _____

Date of Birth _____

Current Marital Status: _____ Single _____ Married

Sex: _____ Male _____ Female

Height: _____ Feet _____ Inches

Eye Color _____

Hair Color _____

Licensee or Applicant Name _____

The undersigned affirms that all answers on the Personal Affidavit, Employment History, Personal Questionnaire, and in any accompanying statement of facts are true and complete.

WARNING: The TEX. PENAL CODE, Sec. 37.10 provides that providing false information to a governmental agency may be a third degree felony offense punishable by not more than ten (10) years in prison or not more than one (1) year in a community correctional facility. In addition to imprisonment, a fine of up to $10,000 may also be imposed.

_____ _____
Signature of Individual Full Name of Individual (Print or Type)

The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or info@occc.state.tx.us.