



# Application for Certification as a Certified Capital Company

**GLENN HEGAR**

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

Attach a separate page if space provided in this form is insufficient to fully answer any question. Any additional page or supporting document that is attached to and/or enclosed with this application shall be clearly labeled with the Section and Item number to which it pertains.

## ATTACHMENTS

- Detailed Plan of Operation for the CAPCO, including:
  - Mission statement;
  - Description of Business/Business Plan;
  - Organizational structure; and
  - Service providers and responsibilities.
- Certified copy of CAPCO Certificate of Incorporation, Articles of Incorporation, Charter and By-Laws, Certificate of Formation of a limited partnership, trust documents, or other organizational documents that evidence that the prospective CAPCO is duly organized and qualified to do business in Texas, and an opinion of counsel that the prospective CAPCO is duly organized and qualified to do business in Texas.
- A copy of any prospectus or offering material used in the sale of securities of the CAPCO.
- Description of sources of funds for shareholders indicated in Item A.5, if applicable.
- A copy of the executed management agreement indicated in Item A.7, if applicable.
- Biographical affidavits for all individuals identified in Items A.7, A.8, A.9, and A.10.
- Description of venture capital experience of principals and/or manager.
- Affidavits (Form 25-116) for all individuals identified in Items A.7, A.8, A.9, and A.10.
- Certified copy of the Resolution (Form 25-111).

Please complete all fields using "NO," "NONE," or "NOT APPLICABLE," if appropriate.

Check type of application:

**ORIGINAL**

**RESUBMISSION**

**AMENDMENT**

## A. GENERAL

### 1. Name of Proposed Certified Capital Company ("CAPCO")

Contact person

Daytime phone (Area code and number)

### 2a. Mailing address of CAPCO

Street

City

State

ZIP code

# Texas Application for Certification as a Certified Capital Company

**1. Name of Proposed Certified Capital Company ("CAPCO")**

**2a. Mailing address of CAPCO**

Street  Daytime phone (Area code and number)   
 City  State  ZIP code

**2b. Principal Office**

If the Principal Office is not the national headquarters, indicate headquarters address

Street  Daytime phone (Area code and number)   
 City  State  ZIP code

**2c. Location of books and records**

Street  Daytime phone (Area code and number)   
 City  State  ZIP code

3a.  Licensed  Registered as:   
 License / Registration number

3b. Federal Employer Identification Number \*  -   
 \*The tax identification number is collected to allow the Comptroller of Public Accounts to identify entities that may have unpaid tax liabilities.

4a. Business classification: (Check one)  Corporation  Partnership  Limited Liability Company  Trust  
month day year State

4b. Date and State of Incorporation or Formation  -  -

**5. Name(s) and Address(es) of owner(s)**

List and identify, by type, each individual director (D), officer (O), member or manager member (M), partner (P), trustee (T), or shareholder (S) with a 5% or greater, direct or indirect, ownership interest in the prospective CAPCO. **NOTE:** Prompt written notification must be given if any changes in the ownership interest are made prior to certification. Complete Form 25-116 for each individual.

When shareholders are not affiliated with an established publicly traded holding company, submit a description of the sources of funds used to secure ownership interest (for borrowed funds, include documentation and names of individual(s)/entities from whom funds are borrowed).

Name	Daytime phone (Area code and number)	Type	Percent %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Street, city, state, and ZIP code) <input type="text"/>			

Name	Daytime phone (Area code and number)	Type	Percent %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Street, city, state, and ZIP code) <input type="text"/>			

Name	Daytime phone (Area code and number)	Type	Percent %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Street, city, state, and ZIP code) <input type="text"/>			

**6. Name(s) and Address(es) of Affiliates of the Applicant**

Name	Daytime phone (Area code and number)	Employer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Street, city, state, and ZIP code) <input type="text"/>		

Name	Daytime phone (Area code and number)	Employer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Street, city, state, and ZIP code) <input type="text"/>		

Name	Daytime phone (Area code and number)	Employer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Street, city, state, and ZIP code) <input type="text"/>		

# Texas Application for Certification as a Certified Capital Company

**1. Name of Proposed Certified Capital Company ("CAPCO")**

**7a. Will the CAPCO manage its own affairs?** .....  YES  NO

**7b. Will the CAPCO be managed by**  parent  affiliate company  unaffiliated company?

Managing entity

Address

Contact Person

Phone (Area code and number)

FAX (Area code and number)

Email address

**7c. Identify the officers or responsible individuals of the Manager/Management Firm that will manage the CAPCO with respect to the Texas CAPCO Program.**

(i)

(ii)

(iii)

(iv)

THE CAPCO MANAGER OR MANAGEMENT FIRM MUST BE LOCATED IN TEXAS. Furnish a CAPCO Biographical Affidavit (Form 25-115) for each person identified. Submit a copy of the executed management agreement. *Prompt written notification must be given if any changes are made in the managing arrangement and/or the active management.*

**8. Board of Directors**

In the case of a limited liability company, partnership or trust, provide the names of the members of the comparable governing body. The Board of Directors of a corporation should have at least three (3) members. Furnish a CAPCO Biographical Affidavit (Form 25-115) for each person listed. Identify each person listed that is a member of any Investment/Loan Committee with an asterisk. *Prompt written notification must be given if any changes are made in the directorate or other comparable governing body.*

(a)

(b)

(c)

(d)

**9. Names and officers of the CAPCO**

In the case of a limited liability company, partnership or trust, provide the names of the comparable responsible individuals. Furnish a CAPCO Biographical Affidavit (Form 25-115) for each. *Prompt written notification must be given if any changes are made in the active management.*

President

Secretary

Treasurer

Vice President

Vice President

**10. Names of Principals or Manager with Venture Capital Experience**

List and identify the principals and/or manager having at least four (4) years experience in venture capital or a venture capital-related industry who will oversee the CAPCO's investments. Submit a certified copy of a detailed description of experience for each, including dates, companies, responsibilities, etc. and furnish a CAPCO Biographical Affidavit (Form 25-115) for each. *Prompt written notification must be given if any changes are made in the active principals or manager with venture capital experience, or of the oversight role that such principals or manager has or will have.*

(a)

(b)

(c)

# Texas Application for Certification as a Certified Capital Company

**1. Name of Proposed Certified Capital Company ("CAPCO")**

**B. FINANCIAL**

**1. Amount of Paid-In Capital** .....\$

THE MINIMUM INITIAL CAPITALIZATION REQUIRED IS \$500,000. Attach an affidavit dated as of the application date from bank(s) or custodian(s) to evidence cash or securities on deposit to the account of the applicant (or in escrow). Such affidavit is to set forth therein any encumbrances or restrictions against such deposits.

(a) Cash .....\$

(b) Marketable Securities .....\$

(c) Other Liquid Assets .....\$

**2. Stock(s) to be Authorized**

Type(s)	Number of Shares	Par Value Per Share	Sales Price Per Share
(a) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**C. SERVICE PROVIDERS**

Use a separate sheet for other service providers, if needed. Prompt written notification must be given if any changes are made in the service providers.

**1. Certified Public Accountant**

Address

Contact Person

Phone (Area code and number)  FAX (Area code and number)  Email address

**2. Attorney or Legal Firm**

Address

Contact Person

Phone (Area code and number)  FAX (Area code and number)  Email address

**D. APPLICATION CERTIFICATION**

I, , being duly sworn, depose and say that I am the NAME OF AFFIANT  of the Applicant and that I have executed this application. TITLE

I hereby certify that, to the best of my knowledge and belief, all the information and explanations herein contained, annexed, or referred to in this application and related documents are true, complete, and correct.

Signature of Affiant

Subscribed and sworn to before me this  day of , 20 .

(Notary Seal)

Signature of Notary Public

My commission expires .