



Continuing Education (CE) Provider Renewal Application

P.O. Box 12188
Austin, Texas 78711-2188

FEE	RECEIPT NUMBER	AMOUNT	MONEY TYPE	App #	File #
Provider Application Fee		\$400.00		Entity #	Provider #

DO NOT WRITE ABOVE THIS LINE

1. Provider Information:

Provider Name _____ Provider Number _____

Business Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Website Address _____

Is the applicant approved as a real estate, easement or right-of-way, or inspector CE provider in other states? Yes No

If "Yes", specify which state(s): _____

2. Course Information:

Proposed location(s) of classes:

Classroom Facility College/university Conference center Distance Education

Source of Curriculum: _____

Source of Curriculum Examples: Subject Matter Experts, Publishers, Paid Course Developers, Staff, Self

3. Operations Manager (Primary Contact) Information:

**Name and business address of Operations Manager responsible for day to day operations.
This person must submit a Principal Information Form with this application.**

Name _____

Business Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

4. Records Manager Information:

In-State Applicants: Indicate name of person responsible for maintaining records and the physical address where the records will be stored.

Out-of-State Applicants: Designate an individual resident of Texas to accept service in your behalf and to act as a custodian of records in this state. **Attach a notarized power of attorney** designating a Texas resident as your attorney-in-fact for these purposes.

Name of In-State Records Manager or Attorney-in-Fact

Business Address

City

State

Zip Code

Phone Number

Email Address

5. Business Information:

Corporation LLC Sole Proprietorship Trade Association

Will the applicant be conducting business under an assumed name? Yes No

If "Yes", **attach a recorded assumed name certificate.**

This section applies to Corporations and LLCs:

a) In which state is the corporation or LLC chartered? _____

b) If the corporation or LLC is chartered in Texas, **attach a Franchise Tax Account Status page** from the Texas Comptroller's office dated not more than thirty (30) days prior to the date of the application.

c) If the corporation or LLC is chartered in a state other than Texas, **attach a Certificate of Fact** from the Texas Secretary of State's Office which is dated not more than thirty (30) days prior to the date of this application.

List the name, title and ownership percentage of each individual owning 10% or more of the provider applicant listed in question #1. **Attach a Principal Information Form** for each person listed.

Name	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section applies to Trade Associations:

a) What percentage of your membership is made up of real estate, ERW or inspector license holders? _____

b) Do members pay membership dues to the association? _____

c) Does your association subscribe to a written code of professional conduct or ethics? _____

d) Is your board of directors elected by the association members? _____

Attach a copy of the trade association's formation documents and an IRS letter recognizing the trade association as tax-exempt.

List the current board of directors and when each license term expires.

Attach a Principal Information Form for each person listed.

Name	Title	Expiration of Term
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Background Information:

Has the education provider or its Operations Manager ever had a professional or occupational license in this state or any other state suspended, canceled or revoked, or ever surrendered such a license? Yes No

Has the education provider or its Operations Manager ever had an application for a professional or occupational license disapproved in this state or any other state? Yes No

Are there any disciplinary hearings or investigations pending against any professional or occupational licenses held by the education provider or its Operations Manager? Yes No

Are there any unpaid judgments or any civil suits pending against the education provider or its Operations Manager? Yes No

Has the education provider or its Operations Manager ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than traffic tickets.) Yes No

Has the education provider or its Operations Manager ever been placed on probation? Yes No

Are there any criminal charges pending against the education provider or its Operations Manager? Yes No

If the answer is Yes to any of the questions in this section, the Background History Form is required. This form is located on the TREC website at www.trec.texas.gov.

7. Advertising:

All material or online advertising should satisfy Commission advertising requirements and clearly reflect the provider name, course titles, course numbers and number of credit hours. If fees are charged, fees are displayed in a clear and consistent manner.

An advertisement is included with this application.

8. Authorized Signers:

Additional persons associated with the applicant authorized to sign CE education credit forms:

Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION STATEMENT

I certify that the information contained herein is true and correct. I authorize the Texas Real Estate Commission to conduct any investigations of me which it deems prudent. I understand that information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met. I further understand that information submitted in conjunction with this application may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code). I understand that approval to be an education provider may be withdrawn for noncompliance with the Real Estate License Act or the Rules of the Texas Real Estate Commission.

Name of Owner, Authorized Corporate Officer, LLC
Manager, or General Partner (required)

Signature (required)

Date

Operations Manager Name (required)

Signature (required)

Date