



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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APPLICATION FOR:

**CONTINUING EDUCATION PROVIDER
REGISTRATION (PTP)**

PURSUANT TO TITLE 7, OCCUPATIONS CODE, CHAPTER 1152

THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK

Provider Name

Physical Address
(No PO Boxes)

Provider Type

Private Business School College/University Association Government Agency

Contact Person

Mailing Address

Telephone

Fax

e-Mail Address

Web Site

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

BACKGROUND/QUALIFICATIONS (SEE INSTRUCTIONS)

- A brief description of your capability in development and instruction of continuing education courses.
- A business plan with clearly defined purposes.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Occupations Code, Chapter 1151, Property Tax Professionals; the administrative rules (Texas Administrative Code, Chapter 624); the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation (Texas Administrative Code, Chapters 59 and 60). I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Printed Name

Signature

Date