



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

TOWING OPERATOR CONTINUING EDUCATION COURSE APPROVAL APPLICATION INSTRUCTIONS

Each entity looking to obtain approval for a Towing Operator Continuing Education Course shall provide an application for approval that shall be in compliance with 16 TAC Chapter 86, Texas Occupations Code, Chapters 2308 and all TDLR established guidelines and criteria.

1. Provider Name – Enter the assumed, legal or DBA name of the provider.
2. Provider Number – Enter the Provider Number.
3. Required Fee – \$100.00 All fees are non-refundable.
4. Contact Person Name – Provide the contact person's name.
5. Contact Person Email Address – Provide the contact person's email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
6. Course Information – Enter the required information. All Courses must include topics from one or more of the following areas:
 - Texas Law & Rules: Texas Occupations Code 2308 and/or 16 Texas Administrative Code 86
 - Roadway Safety
 - Towing Operator Industry Topics
 - Strategic Highway Research Program 2 (SHRP2)
7. Statement of Applicant – Application must be signed by the owner, officer or other authorized personnel.

SEND YOUR COMPLETED APPLICATION TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

For additional information and questions, please visit the [Texas Department of Licensing & Regulation website](http://www.tdlr.texas.gov) or reach the [Education and Examination division via webform](#) where you can submit your request for assistance and include attachments as needed.

REQUIRED DOCUMENTS

- \$100.00 Application Fee.
- Completed Continuing Education Course approval application.
- Certification Statement for CE Provider Responsibilities.



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1. Provider Name: _____	2. Provider Number: _____	3. Required Fee: \$100.00
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4. Contact Person Name: _____	5. Contact Person Email Address: _____
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6. Course Information:

Course Title: _____

Requested Effective Date: _____

Delivery Language: English Spanish Vietnamese Other: _____

Course Delivery Method:

Classroom Minutes: _____ **Internet/Webinar Minutes:** _____ (total minutes)

Internet Login:

Username: _____ **Password:** _____

Course Type: (Choose One) TOW Operator IM TOW Operator SHRP2

Texas Law and Rules

_____	_____
(Instruction Time – Number of Minutes)	(Effective Date of Law and/or Rule and Reference Section)

Roadway Safety

_____	_____
(Instruction Time – Number of Minutes)	(Reference Material, Chapters, Sections and/or Pages)

Towing Operator Industry Topics

_____	_____
(Instruction Time – Number of Minutes)	(Reference Material, Chapters, Sections and/or Pages)

SHRP2

_____	_____
(Instruction Time – Number of Minutes)	(Reference Material, Chapters, Sections and/or Pages)

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Towing Act; Texas Occupations Code, Chapter 2308; the Towing Administrative Rules (Texas Administrative Code, Chapter 86); 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 55 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 of Owner, Officer, or Authorized Representative

Date



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CERTIFICATION STATEMENT FOR CE PROVIDER RESPONSIBILITIES

By checking the following boxes and by my signature, I certify that the required documentation will be maintained and made available to the Department upon request. I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51; Tex. Admin. Code, Title 16 Chapter 59. I understand that providing false information on this application may result in revocation of my CE Provider registration and the imposition of administrative penalties.

Place an X in each box:

- Courses will not be offered until approved by the Department.
- If my provider registration expires, I will cease from offering all courses.
- All continuing education course material will have appropriate grammar, spelling, punctuation, illustrations and graphics.
- Course advertisements for continuing education courses must include the CE Provider's number and the course number assigned by the Department.
- The CE certificate of completion must include the name of course, course number assigned by Department, course completion date, provider name and number, number of hours of continuing education credit, signature of the provider representative and the name, license type and license number of the participant who attended course.
- Course completions will be submitted to the Department using the CE Reporting System, no later than seven days after the course completion date.
- Course completion records will be maintained for a period of two years after completion of a course.
- I understand that an audit may be conducted without prior notice to determine whether we are complying with the requirements of Chapter 59. No fee will be charged to any Department employees or representative and I will cooperate fully with the Department.
- I understand that the Department may not approve a continuing education course if we are past due or not current on the payment of any unpaid required fees, including record fees or administrative penalties.
- Upon notification by the Department that a provider is past due or not current on the payment of any unpaid required fees, including record fees or administrative penalties, a provider may not enroll a participant in a continuing education course without department approval.
- For internet courses, a login and password will be provided to the Department for all online courses which will have access available for one year.

Printed Name

CE Provider Number

Signature of Owner, Officer, or Authorized Representative

Date Signed