



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

OFFENDER EDUCATION PROGRAM ANNUAL REPORT INSTRUCTIONS

An Offender Education Program/Provider must file an annual report for the time period beginning September 1 of each year and ending August 31 of the following year. In accordance with 16 Texas Administrative Code, Chapter 90 of the Offender Education Alcohol and Drug Related Offenses Administrative Rules the annual report is due September 15. Failure to submit the required Annual Report by the due date will result in your program being made inactive.

1. LEGAL NAME OF PROGRAM – Enter the legal name of the program. This is the name you will be licensed under.
2. PROGRAM CERTIFICATION NUMBER – Enter the Program Certification Number
3. OFFENDER EDUCATION PROGRAM – Indicate program application type. A separate annual report will need to be submitted for each license type.
4. PHYSICAL ADDRESS – Enter the program's physical address. This address is the actual business location and where permanent records must be kept for auditing and inspection purposes. A post office box or residential address is not acceptable for the physical address.
5. PROGRAM ADMINISTRATOR INFORMATION – Enter the name, telephone, number, and email address. Email addresses are a part of the key information required to transact business with TDLR.
6. PROGRAM NUMBERS – Enter information for the current reporting period. (September 1 thru August 31)
7. INSTRUCTOR INFORMATION – List all instructors, include number of courses conducted and license number.
8. CERTIFICATION STATEMENT – Report must be signed by the owner, officer or other authorized representative. You must print your name, sign and date the report.

Your completed Annual Report and attachments may be sent via the webform link below or sent via fax to (512) 767-6829.

Keep a copy of your completed report and all attachments.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at 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 at <https://ga.tdlr.texas.gov:1443/form/education>. Customer Service can also be reached at (800)803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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OFFENDER EDUCATION PROGRAM ANNUAL REPORT

1. Legal Name of Program: _____

2. Program Certification Number: _____

3. Offender Education Program: (check one program - submit a separate Annual Report for each program type.)

Alcohol Education Program for Minors

Drug Offender Education Program

DWI Education Program

DWI Intervention Program

4. Program Physical Address:

Number, Street Name, Suite Number/Building Number

City, State, Zip Code

County

5. Program Administrator Information:

Name

Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

Phone Number

Email Address

6. Program Numbers:

Course Participants: _____

Successful Course Participants: _____

Courses Conducted: _____

Courses offered in Spanish: _____

Average percent of Knowledge Increase
(Not required for DWI): _____

Percent of Total Participants Indicating Significant
Substance Abuse problems (Not required for AEPM): _____

PLEASE NOTE: Attach a list of all participants driver's license numbers of all participants, or, in the absence of a driver's license number, the date of birth of each participant that has completed the course.

7. Instructor Information:

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Additional Instructor Information (If needed):

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

8. CERTIFICATION STATEMENT

By signing this application I certify that all information submitted on this Annual Report application is true and accurate. I certify that I will comply with all applicable rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 90). I understand that providing false information on this Annual Report and all attachments may result in the imposition of administrative penalties.

Signature of Owner, Officer, or Authorized Representative

Date Signed

Printed Name of Owner, Officer, or Authorized Representative

Title