



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## OFFENDER EDUCATION PROGRAM ENDORSEMENT APPLICATION INSTRUCTIONS

Each entity requesting to add an Offender Education Program endorsement shall provide an application for approval that shall be in compliance with 16 TAC 90 and TDLR established guidelines.

1. LEGAL NAME OF PROGRAM – Enter the legal name of the program.
2. APPLICATION FEE – \$280.00 (NON-REFUNDABLE)
3. DBA NAME OF PROGRAM – Enter the DBA name of the program if the legal name of the program differs. This is the name that is used in advertisements.
4. PROGRAM CERTIFICATION NUMBER – Enter the Program Certification Number
5. OFFENDER EDUCATION PROGRAM – Indicate program application type and indicate if the course will be offered in Spanish. A separate application will need to be submitted for each license type.
6. PROGRAM HEADQUARTERS MAILING ADDRESS AND CONTACT INFORMATION – Enter the mailing address. This address is where the Department will mail all correspondence and may be a post office box.
7. INSTRUCTOR INFORMATION – List all instructors associated to the program.
8. STATEMENT OF APPLICANT – Application must be signed by the owner, officer or other authorized representative. You must print your name, sign and date the application.

### SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

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

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

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.



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## OFFENDER EDUCATION PROGRAM ENDORSEMENT APPLICATION

1. Legal Name of Program: _____	2. Application Fee: (Non-Refundable)  \$280.00
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3. Doing Business As (DBA) Name of Program: (If different from Legal Name) _____	4. Program Certification Number: _____
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5. Offender Education Program: (check one program - submit a separate application for each program type.)

Alcohol Education Program for Minors                       Drug Offender Education Program  
 DWI Education Program     DWI Intervention Program  
 Indicate if the course will be offered in Spanish.

6. Program Headquarters Mailing Address:

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Number, Street Name, Suite Number/Building Number	City, State, Zip Code
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7. Instructor Information:

_____	_____	_____
Instructor Name	Instructor License Number	Expiration Date
_____	_____	_____
Instructor Name	Instructor License Number	Expiration Date
_____	_____	_____
Instructor Name	Instructor License Number	Expiration Date
_____	_____	_____
Instructor Name	Instructor License Number	Expiration Date
_____	_____	_____
Instructor Name	Instructor License Number	Expiration Date

## 8. STATEMENT OF APPLICANT

By signing this application I certify that all information submitted on this 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 application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

\_\_\_\_\_

Signature of Owner, Officer, or Authorized Representative                      Date Signed

\_\_\_\_\_

Printed Name of Owner, Officer, or Authorized Representative                      Title