



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## COURT-ORDERED PROGRAM PROVIDER APPLICATION INSTRUCTIONS

Each entity requesting to apply for a Court-Ordered Program provider license shall provide an application for approval that shall be in compliance with 16 TAC 90 and TDLR established guidelines.

1. LEGAL NAME OF PROVIDER – Enter the legal name of the provider This is the name you will be licensed under.
2. APPLICATION FEE – \$300.00 (NON-REFUNDABLE)
3. DBA NAME OF PROVIDER – 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. ORGANIZATION TYPE – Select the organization type for your business.
5. EMPLOYEE IDENTIFICATION NUMBER (EIN)/FEDERAL TAX ID – Enter your employee identification number or federal tax ID. A social security number may also be entered as the identification number.
6. COURT-ORDERED PROGRAM – Indicate program application type and indicate if the course will be offered in Spanish. A separate [Endorsement Application](#) will need to be submitted for each additional license type. All program providers must have a designated instructor endorsed to teach the same endorsement(s) as the provider.
7. PROGRAM DELIVERY INFORMATION - Indicate delivery method, technology/program and student tracking methods.
8. PROVIDER MAILING ADDRESS AND DESIGNATED CONTACT INFORMATION – Enter the mailing address, phone number, fax number, email address, and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the designated contact person's name, telephone, number, and 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.
9. PROVIDER PHYSICAL ADDRESS – Enter the 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.
10. OWNER CONTACT INFORMATION – Enter the contact information for the owner.
11. INSTRUCTOR INFORMATION – List all instructors associated to the program.
12. STATEMENT OF APPLICANT – Application must be signed by the owner, officer or other authorized representative.

### SEND YOUR COMPLETED APPLICATION AND FEE 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](#) 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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## COURT-ORDERED PROGRAM PROVIDER APPLICATION

<b>1. Legal Name of Provider:</b>		<b>2. Application Fee:</b> (Non-Refundable) <b>\$300.00</b>	
<b>3. Doing Business As (DBA) Name of Provider:</b> (If different from Legal Name)			
<b>4. Organization Type:</b> (select one)			
Sole Proprietor	Partnership	Corporation	Limited Liability Government
<b>5. Employer Identification Number (EIN) / Federal Tax ID:</b>			
<b>6. Court-Ordered Program:</b> (check <u>one program</u> )		Indicate if the course will be offered in Spanish.	
Alcohol Education Program for Minors		Drug Offender Education Program	
DWI Education Program		DWI Intervention Program	
<b>7. Program Delivery Information:</b>			
The type of Delivery Method which will be used.		Online	In-person Online and In-person
The type of Technology or Program which will be used including the platform, login and password information:			
The type of method which will be used for tracking student attendance including hours completed:			
<b>8. Provider Mailing Address and Designated Contact Information:</b>			
Number, Street Name, Suite Number/Building Number		City, State, Zip Code	
Email Address	Phone Number	Web Address	
Contact Person's Name	Contact's Phone Number	Contact's Email Address	
<b>9. Provider Physical Address:</b>			
Number, Street Name, Suite Number/Building Number		City, State, Zip Code	
County			

**10. Owner Contact Information:**

**Name**

**Phone Number**

**Email Address**

**Number, Street Name, Suite Number/Apartment Number**

**City, State, Zip Code**

**11. 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**

**Instructor Name**

**Instructor License Number**

**Expiration Date**

**Instructor Name**

**Instructor License Number**

**Expiration Date**

**Instructor Name**

**Instructor License Number**

**Expiration Date**

**12.**

**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