



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education and Examination Division

P. O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202

Fax: (512) 463-1512 • Email: OEP@tdlr.texas.gov • Website: www.tdlr.texas.gov

DWI Intervention Program Provider Certification Renewal Application Instructions

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL
ALL SECTIONS OF THE APPLICATION HAVE BEEN FILLED OUT COMPLETELY**

The renewal application must be completed and signed by the applicant. All information provided must be typed or printed in black ink. This renewal application must be submitted on single sided, 8 1/2" x 11" paper. Please use a paperclip to fasten all pages together, with cashiers check, personal check or money order on top. **Please do not use staples.**

1. **Legal Name of DWI Intervention Program and Certification Number** - Enter the legal name of the program, type of business and certification number.
2. **Doing Business As (DBA) Name of Program** - List the DBA name of the program if the legal name of the program differs. This is the name that is used in advertisements.
3. **Program Headquarters Mailing Address** - Enter the program's mailing address, business phone number, fax number, email address and website address. This is the address the Department will mail all correspondence, a post office box is acceptable. **NOTE: When you provide your email address you agree to the following Email Disclosure Statement:** "By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law."
4. **Physical Site Location** - Enter the program's physical address where courses will be conducted. A post office box is not acceptable for the physical address. Cannot be a residential address.
5. **Course offered in Spanish** - Indicate if the course will be offered in Spanish.
6. **Screening Instrument** - List the name of all screening instruments that will be utilized aside from the department required instrument.
7. **Program Provider Contact Information** - Enter the contact information for the program provider applicant seeking recertification to provide a DWI Intervention program.
8. **Program Administrator Contact Information** - Enter the contact information for the certified instructor who is authorized to act on behalf of the certified provider. (Required only if different than the program provider) If there are multiple administrators or instructors, use the DWII Administrator and Instructor Roster.
9. **Signature of Program Provider Applicant** - Application must be signed by the program provider applicant. Be sure to print name, sign and date the application



DWI Intervention Program Provider Certification Renewal

DO NOT WRITE ABOVE THIS LINE

APPLICATION FEE \$200 (FEE IS NON-REFUNDABLE)

This completed form must be accompanied by all required documents and the application fee.

1. Legal Name of DWI Intervention Program and Business Type:

Sole Proprietor Partnership Corporation LLC

Program Certification # _____

2. Doing Business As (DBA) Name of Program (If different from Legal Name):

3. Program Headquarters Mailing Address

Number, Street and/or Suite No. _____

City _____ State _____ County _____ Zip Code _____

Business Phone number _____

Business Fax Number _____

Business Email Address _____

Business Website Address _____

4. Physical Site Location (where course will be conducted, cannot be a residential address)

Number, Street and/or Suite No. _____

City _____ Zip _____ County _____ Phone Number _____

5. Will course be offered in Spanish? Yes No

6. The department required Screening Instruments are SALCE (Substance Abuse Life Style Circumstance Evaluation and SASSI (Substance Abuse Subtle Screening Inventory). Will any additional Screening Instrument be utilized? Yes No

If Yes, please list any other additional instruments. _____



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7. Program Provider Contact Information:

Program Provider Name

Number, Street and/or Suite No.

City

State

Zip Code

Email Address

Phone Number

LIST ADDITIONAL PROGRAM ADMINISTRATOR'S ON THE DWII ADMINISTRATOR AND INSTRUCTOR ROSTER

8. Program Administrator Contact Information: (if different from Program Provider Information)

Program Administrator Name

Number, Street and/or Suite No.

City

State

Zip Code

Email Address

Phone Number

STATEMENT OF APPLICANT

9. I certify that I have read and will comply with all applicable laws and rules of the DWI Intervention Program including Code of Criminal Procedure, Chapter 42A, Articles 42A.404, 42A.405, and 42A.406; Occupations Code, Chapter 51; and the administrative rules under 16 Texas Administrative Code, Chapters 60 and 90. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the imposition of administrative penalties.

Printed Name of Program Provider Applicant

Title

Signature of Program Provider Applicant

Date Signed



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DWI INTERVENTION PROGRAM
ADMINISTRATOR AND INSTRUCTOR ROSTER

Program Certification Number: _____ Program Name: _____

Instructions:

- Print Full name of each administrator or instructor
- Print Physical Site Address where the course will be conducted
- Indicate if address is Headquarters or a Branch
- Print business phone number
- Print the dates the Administrator/Instructor Training Course was completed
- If the instructor(s) has not yet attended the training course, print the date the application for training was submitted

Administrator Full Name	Physical Site Address	HQ or Branch	Business Phone Number	Course Completion Date	Application Date (If not attended)
1.					
2.					
3.					
4.					
5.					

Instructor Full Name	Physical Site Address	HQ or Branch	Business Phone Number	Course Completion Date	Application Date (If not attended)
1.					
2.					
3.					
4.					
5.					

I certify that the information on this form is true and correct:

Program Administrator Signature: _____ Date: _____