



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

Drug Offender Education Program Provider Branch Certification 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 application must be completed and signed by the applicant. All information provided must be typed or printed in black ink. This 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 the Drug Offender Education 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 Branch Site Location** - Enter the physical address of each branch site location where courses will be conducted. Branch locations must be in the same or adjacent county to the headquarters (TAC 90.32). If the address provided does not meet the location requirements, a Drug Offender Education Program Provider application and fee will be required.
5. **Course offered in Spanish** - Indicate if the course at the branch location 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 seeking certification for a branch location.
8. **Branch 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 DOEP Administrator and Instructor Roster.
9. **Signature of Program Provider** - Application must be signed by the program provider. Be sure to print name, sign and date the application.



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

Drug Offender Education Program Provider Branch Certification

DO NOT WRITE ABOVE THIS LINE

APPLICATION FEE \$5 PER BRANCH (FEE IS NON-REFUNDABLE)

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

1. Legal Name of Drug Offender Education 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 Branch Site Location (where course will be conducted, cannot be a residential address)

Number, Street and/or Suite No. _____ City _____ Zip _____ County _____ Phone Number _____

Number, Street and/or Suite No. _____ City _____ Zip _____ County _____ Phone Number _____

Number, Street and/or Suite No. _____ City _____ Zip _____ County _____ Phone Number _____

5. Will any branch course be offered in Spanish? Yes No

If Yes, please list which locations: _____

6. The department required Screening Instrument is the DAST (Drug Abuse Screening Test). Will any additional Screening Instrument be utilized? Yes No

If Yes, please list any other additional instruments: _____



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

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 ADMINISTRATORS ON THE DOEP ADMINISTRATOR AND INSTRUCTOR ROSTER

8. Branch 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 Drug Offender Education Program including Transportation Code §§521.374 - 521.376; 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



DRUG OFFENDER EDUCATION 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: _____