



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
education@tdlr.texas.gov - *www.tdlr.texas.gov*

RESPONSIBLE PET OWNER COURSE PROVIDER RENEWAL APPLICATION INSTRUCTIONS

Each entity looking to register as an Responsible Pet owner Course Provider shall provide an application for approval that shall be in compliance with 16 TAC Chapter 92.

1. Assumed Name/DBA of Course Provider – Indicate the official name of the course provider.
2. License Number – Indicate Provider license number.
3. Renewal Fee – \$200.00
4. Course Provider's Mailing Address and Contact Information – Indicate the course provider's mailing address, phone number, fax number, and email address. This address is where the Department will mail all correspondence and may be a post office box. Provide the 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.
5. Course Provider's Physical Address – Indicate the physical address of the course provider. This address is the actual business location of the course provider and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
6. Owner's Information – List the name, title, contact information and ownership information for each owner of the course provider.
7. 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 at <https://www.tdlr.texas.gov> or send an email to education@tdlr.texas.gov where you can submit your request for assistance and include attachments as needed.

Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve a course provider application. During the review process, you will be notified in writing of any discrepancies/requirements not met.



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RESPONSIBLE PET OWNER COURSE PROVIDER RENEWAL APPLICATION

1. Assumed Name and or DBA of Course Provider: _____	2. License Number: _____
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3. Renewal Fee: (All fees are non-refundable)

- \$200.00 – Renewal Fee (postmarked on or before license expiration date)
- \$300.00 – Late Renewal Fee (license expired for 90 days or less)
- \$400.00 – Late Renewal Fee (license expired for more than 90 days but less than 18 months)

4. Course Provider’s Mailing Address and Contact Information: (Used to receive mail from TDLR, P.O. BOX is allowed):

Number, Street Name, Suite Number/Building Number

City _____ State _____ Zip Code _____

Course Provider Email Address _____ Course Provider Website Address _____

Course Provider Phone Number _____ Course Provider Fax Number _____

Contact Person’s Name _____ Phone Number _____ Email Address _____

5. Course Provider’s Physical Address: (Where permanent records are kept, P.O. BOX is not allowed)

Number, Street Name, Suite Number/Building Number

City _____ State _____ Zip Code _____

County _____

6. Owner information. List the full name and contact information of the owners that have ownership in the business.

Business Name/Owner Name _____ Ownership % _____

Mailing Address: _____

P.O. Box, Number, Street _____ City, State, Zip Code _____

Phone Number _____ Email Address _____

Additional Owner Information Mailing Address and Contact Information: (if necessary)

Business Name/Owner Name

Ownership %

Mailing Address:

P.O. Box, Number, Street

City, State, Zip Code

Phone Number

Email Address

Additional Owner Information Mailing Address and Contact Information: (if necessary)

Business Name/Owner Name

Ownership %

Mailing Address:

P.O. Box, Number, Street

City, State, Zip Code

Phone Number

Email Address

7.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 92). 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