



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education and Examination Division

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

CS (512) 463-6599 or (800) 803-9202 Fax: (512) 463-1512

Email: [Webform](#) Website: www.tdlr.texas.gov

ONLINE RESPONSIBLE PET OWNER COURSE PROVIDER REGISTRATION Application Instructions

AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL SECTIONS OF THE APPLICATION HAVE BEEN SUBMITTED.

- 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, 8½" x 11" paper.
 - Please use a paperclip to fasten all pages together, with cashier's check, check, or money order on top.
 - **Please do not use staples.**
1. **Course Provider Name** - Enter the course provider name. If you are using a business name, this is generally the Assumed Name or Doing Business As (DBA) as filed with the Texas Secretary of State and/or County Office. You must provide the name which will be used for advertisements.
 2. **Federal ID Number or SSN (if sole proprietor)** - Enter the federal/employer ID number or the social security number if you are the sole proprietor. Information regarding the federal/employer number can be obtained from www.irs.gov.business.
 3. **Mailing Address and Contact Information** - Enter the mailing address, business phone number, and business fax number of the course provider. This address is where the Department will mail all correspondence and may be a post office box. Business email address is part of the key information required to transact business with TDLR. Enter the contact person's name, telephone number, and email addresses. Contact Person's e-mail address and phone number is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
 4. **Physical Address** – Enter the physical address of the Course Provider if different from Course Provider's Mailing Address. This is the business location where all records will be kept for auditing purposes. A post office box is not acceptable for the physical address.
 5. **Owner Information** – Enter the name of the owner and complete the ownership information page. More detail is provided in the application.
 6. **Signature of Applicant(s) and/or Officer(s)** - Application must be signed by an owner, officer or other authorized representative. Be sure to print name and title, sign, and date the application.

PLEASE SEND YOUR APPLICATION, DOCUMENTATION AND ONE CHECK OR MONEY ORDER IN THE
AMOUNT OF \$200, PAYABLE TO TDLR TO THE ADDRESS SHOWN ABOVE.
THE APPLICATION FEE IS NON-REFUNDABLE.



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Online Responsible Pet Owner Course Provider Registration

PURSUANT TO ARTICLE 42A.511, CODE OF CRIMINAL PROCEDURES

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW			
COURSE PROVIDER #	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT
			\$200

THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK

1. Course Provider Name:			
2. Federal ID Number or SSN (if sole proprietor):			
3. Mailing Address and Contact Information (used for all correspondence)			
Business Street Number, Street Name, Suite Number		-OR-	PO Box Number
City	State	County	Zip Code
Business Email Address		Course Provider's Website Address	
()	Business Phone Number	()	Business Fax Number
Area Code		Area Code	
Contact Person's Name		Contact Person's Email	
Contact Person's Phone Number			
4. Physical Address (PO Box will not be accepted for the physical address)			
Street Number, Street Name, Suite Number			
City	State	County	Zip Code

THIS FORM CONSISTS OF 2 PAGES



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Online Responsible Pet Owner Course Provider Registration (continued)

OWNERSHIP INFORMATION PAGE

5. Sole Proprietor: List the full name, title, and contact number.
Corporations: List full name, titles of officers and contact number.
Partnerships: List the name of each general partner, contact number and percentage of ownership. **If any partner is a business entity**, then list full name and title of officers or partners and their contact number. (Attach an additional sheet if necessary.)

Name (Full Name)	Title	Contact Number	Percentage of Ownership (Partnerships)

STATEMENT OF APPLICANT(S)

6. 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.

Applicant Signature

Date Signed

Printed Name

Title