



# **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: [Education@tdlr.texas.gov](mailto:Education@tdlr.texas.gov) • Website: [www.tdlr.texas.gov](http://www.tdlr.texas.gov)*

## **Course Provider Renewal 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. **Provider Name/DBA** –Enter the name of the course provider
2. **Course Provider License Number**– Enter your course provider license number
3. **Physical Address and Contact Information**- Enter the physical address of the Course Provider and contact information. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address. By providing my email address I authorize TDLR to send all communications and required notices to me by electronic mail only. I understand that I may revoke this authorization in writing; that if I do not update my email address I will not receive TDLR notices; that notices will NOT be sent to me by mail or other methods unless required by law; and that my email address will remain confidential except as permitted or required by law.
4. **Course Provider Mailing Address** - Enter the mailing address for the school. 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, fax number and email address.
5. **Registered Agent Information**- Fill this section out completely only if the Course Provider is out of state.
6. **Ownership Information**- Enter the name of the owner and complete the ownership information page
7. **Signature of Applicant(s) and/or Officer(s)** - Application must be signed by the owner, officer or other authorized representative.

### **Review Process**

Applications are processed in the order received. Our division cannot specify the length of time it will take to renewa the course provider application. During the review process you will be notified in writing of any discrepancies/requirements not met.



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## Course Provider Renewal Application

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Renewal Fee			200.00		
Late Renewal Fee			200.00		

~~PAYMENTS MUST BE IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO TDLR.~~

### 1. Provider Name

### 2. Course Provider License Number

### 3. Course Providers Physical Address and Contact Information

\_\_\_\_\_  
Number, Street and Apt. No

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address (johndoe@aol.com for example)

\_\_\_\_\_  
School's Website Address

(\_\_\_\_) \_\_\_\_\_  
Area Code Business Phone Number

Business Phone Number

(\_\_\_\_) \_\_\_\_\_  
Area Code Fax Number

Area Code

Fax Number

### 4. Course Providers Mailing Address

\_\_\_\_\_  
Number, Street and Apt. No

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### 5. Registered Agent

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address



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**COURSE PROVIDER  
OWNERSHIP INFORMATION PAGE**

**6. Corporations:** List name, titles of officers and contact number. **Partnerships:** For each partnership, list the name of each general partner and contact number. If any partner is a business entity, then list name and title of officers or partners, along with contact number. Attach an additional sheet if necessary.

Name (full name)	Title	Contact Number	% of Ownership (partnerships)

**STATEMENT OF APPLICANT(S)**

**7. I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation (Title 5, Texas Education Code, Chapter 1001) and the rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 84). 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