



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 • Website: www.tdlr.texas.gov

Course Provider 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. **Business Type** – Indicate how your business/school is organized.
3. **Course Name**- Write the name of the driving safety course as it was indicated and approved on the ***six-hour course*** approval application.
4. **Physical Address** - Enter the physical address of the school. 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.
5. **Course Provider Mailing Address and Contact Information** - 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. 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.
6. **Registered Agent Information**- Fill this section out completely only if the Course Provider is out of state.
7. **Ownership Information**- Enter the name of the owner and complete the ownership information page
8. **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 approve the course provider application. During the review process you will be notified in writing of any discrepancies/requirements not met.

RESPONSIBILITIES OF A COURSE PROVIDER

- Ensure that instruction of the course is provided in schools currently approved to offer the course, and in the manner in which the course was approved.
- Ensure that the course is provided by persons who have a current instructor license with the proper endorsement issued by the department.
- Course providers must be located, or maintain a resided agent, in the State of Texas.
- Ensure that schools and instructors are provided with the most recent approved course materials and relevant data and information pertaining to the course within 60 days of approval.
- Not falsify driving training records
- Ensure that instructor performance is monitored.
- Develop and maintain a means to ensure security and integrity of student information, especially financial and personal information, in transit and at rest.
- Develop and maintain a means to ensure the privacy of student data, including personal and financial data, and make the corporate privacy policy available to all course students; Maintains adequate records
- Develop and maintain a method for printing and issuing original and duplicate uniform certificates of course completion that prevents the unauthorized production or misuse of the certificates.
- Report original and duplicate certificate data, by secure electronic transmission, to the department within 30 days of issue using guidelines established and provided by the department. The issue date indicated on the certificate shall be the date the course provider mails the certificate to the student
- Each course provider will be responsible for receiving an approval for a two-hour continuing education course.



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Course Provider Application

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Application			\$2000.00		

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

1. Provider Name

2. Business Type

Sole Proprietor
 Partnership
 Corporation
 LLC

3. Course Name

4. Course Providers Physical Address and Contact Information

Number, Street and Apt. No

City

State

Zip Code

Email Address

Website Address

Business Phone Number

Fax Number

5. Course Providers Mailing Address

Number, Street and Apt. No

City

State

Zip Code

6. Registered Agent (If Course Provider is located outside of Texas)

Name

Phone Number

Email Address



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**COURSE PROVIDER
OWNERSHIP INFORMATION PAGE**

7. 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)

8..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

BOND NUMBER _____

COURSE PROVIDER BOND

THE STATE OF TEXAS

§
§
§
§
§
§
§
§

COUNTY OF _____

Know all persons by these present that

we _____ DOING BUSINESS AS
full legal name of owner

_____ as PRINCIPAL,
legal name of course provider

at the address of _____
physical address of course provider

and _____ as SURETY,
name and telephone number of surety

duly authorized and qualified to do business in Texas as a corporate surety company are firmly bound unto THE STATE OF TEXAS in the sum of **TWENTY-FIVE THOUSAND (25,000)** dollars, payable at Austin, TRAVIS COUNTY, TEXAS, and for the payment of which, well and truly to be made, PRINCIPAL binds himself and his heirs, executors, and administrators, jointly and severally, or itself, its successors and assigns, and the SURETY, binds itself, its successors and assigns, firmly by these presents.

WHEREAS PRINCIPAL has made application for or is the holder of a COURSE PROVIDER LICENSE issued pursuant to the provisions of Title 5, Texas Education Code, Chapter 1001 (the "Code").

NOW, THEREFORE, THE CONDITION OF THE OBLIGATION, is such that if the PRINCIPAL, its officers, agents, and employees shall faithfully discharge all obligations, duties, and responsibilities contained in Sections 1001.201, 1001.206, 1001.209, 1001.401, 1001.451, and all other applicable Sections of the Code and all amendments thereto, and all applicable rules and regulations of the Texas Department of Licensing & Regulation adopted to carry out the provisions of the Code, then this obligation to be void, OTHERWISE, to remain in full force and effect; SUBJECT, HOWEVER, TO THE FOLLOWING TERMS AND CONDITIONS:

1. This Bond shall become effective on the date the course provider commences to enroll students, the day following the date of termination of the prior bond, or the effective date of the Course Provider License, whichever is earliest, and shall remain in full force and effect until canceled as provided herein or until such Course Provider License has expired. A bond shall be provided with each original application filed. An original bond or a continuation agreement for the bond filed with the original application shall be provided with each renewal application filed.

2. This Bond may be canceled at any time by the SURETY, or by the Texas Department of Licensing & Regulation or his designee upon the giving of thirty (30) days written notice, registered mail, in which event the liability of the SURETY shall at the expiration of the thirty (30) days, cease and terminate, except as to such liability of the PRINCIPAL which may have accrued prior to the expiration of the said thirty (30) days, it being understood that the SURETY shall be liable for the default of the PRINCIPAL in fully discharging any liability of his or its part as stated above, accruing while this bond is in full force and effect.

3. The liability of the surety on account of all defaults occurring during the entire effective period of this Course Provider License Bond shall not exceed the penalty or amount stated above.

IN TESTIMONY WHEREOF, the parties have hereunto subscribed their names or have caused this instrument to be signed by duly authorized officers and the corporate seal to be hereunto affixed this _____ day of _____, 20_____.

VALID POWER OF ATTORNEY MUST BE ATTACHED

SURETY _____ PRINCIPAL _____

BY X _____
original signature

BY X _____
original signature

TITLE _____

TITLE _____

TEXAS DEPARTMENT OF INSURANCE FILE NUMBER (if applicable) _____

LOCAL RECORDING AGENT X _____
original signature

SURETY SEAL

TYPED OR PRINTED NAME _____

MUST BE AFFIXED

TEXAS DEPARTMENT OF INSURANCE FILE NUMBER _____

insurance agent

address

telephone number

ATTACHMENT G

COURSE PROVIDER'S EDUCATIONAL AND EXPERIENCE REQUIREMENTS

The course provider shall provide as part of the application sufficient documentation to support adequate educational and experience qualifications in order to carry out the responsibilities of a course provider. Verifiable education and/or experience in administration and/or supervision shall be required. Adequate educational and experience qualifications have been satisfied if the course provider meets one of the following:

1. A course provider who has owned or been a primary consignee of an approved driving safety course and has been fully operational as a course provider in the State of Texas for a continuous 12-month period before September 1, 1995, satisfies the educational and experience qualifications.
2. A course provider who has an approved driving safety course but has not been fully operational as a course provider for a continuous 12-month period must submit evidence of at least one year of experience in administration and/or supervision.
3. A new course provider shall submit evidence of:
 - a) at least 30 semester credit hours of education from an accredited postsecondary institution and two years of paid experience in administration and/or supervision; or
 - b) a combined total of three years of driver and traffic safety education or experience and administrative/management experience; however, a minimum of six months in each shall be required.

Please fill out the following information and submit the required evidence of experience and/or education:

Type of education _____

Administrative experience _____

Supervisory experience _____

INDIVIDUAL CONTRACT

Verification of Course Completion Document

School Name: _____ Course Name: _____

The above named training facility, hereinafter referred to as "school," hereby agrees to provide the undersigned parties, hereinafter referred to as "students," with six (6) clock hours of driving safety instruction upon receipt of the entire cost of the course. The cost of the course includes all required instructional materials where applicable. Any duplicate of the certificate of completion must be requested from the Course Provider. The fee for a duplicate certificate is \$10. If the student requests a duplicate within 30 days of the date of issue of the original certificate because the original was not received or was damaged so as to be unusable or was issued with errors due to no fault of the student, the course provider shall issue the duplicate at no cost to the student.

CANCELLATION POLICY: A full refund will be made to any student who cancels the enrollment contract before midnight of the third day, excluding Saturdays, Sundays, and legal holidays, after the enrollment contract is signed by the prospective student, unless the student has successfully completed the course or received a failing grade on the course examination.

REFUND POLICY: All tuition and fees paid are due and refundable when:

1. the course of instruction is discontinued by the school, preventing a student from completing the course, or
2. the enrollment of the student was procured as a result of any misrepresentation in advertising, promotional materials of the school, or representation made by an owner or employee of the school or course provider.

All refunds will be completed within 30 days after the effective date of enrollment termination.

ATTENDANCE POLICY: A student must attend the complete 6 clock-hour course including all phases of the approved school curriculum and final exam in order to receive a certificate of completion. Any time missed must be made up.

GRADING AND PROGRESS POLICY: A student may not be certified or given credit for a driving safety course unless a student scores 70% or higher on the final exam. Alternative testing techniques for students with reading, hearing or learning handicaps, and policies for retesting students who score less than 70% will be as follows:

1. Review the material;
2. Translate, if possible;
3. Re-test, verbally if necessary.

RULES OF OPERATION AND CONDUCT: A student or prospective student may be dismissed or barred from the class for tardiness, drunkenness, consumption of alcohol or other drugs on premises; rudeness, vulgar or disruptive behavior, carrying firearms, or smoking in the classroom; and inattentiveness such as sleeping, reading materials not contained in the course of instruction, etc. during the class. Students terminated for violating rules of conduct may be readmitted at the discretion of the school owner.

STUDENT ACKNOWLEDGMENTS: My signature on this form signifies that I have been furnished a copy of the school tuition schedule; cancellation and refund policy; and school regulations pertaining to absence, grading policy, progress, and rules of operation and conduct. I realize that any grievances not resolved by the school and/or _____
INSERT NAME OF COURSE PROVIDER _____
INSERT ADDRESS OF COURSE PROVIDER _____
 may be forwarded to the Texas Department of Licensing & Regulation, P O Box 12157, Austin, TX 78711, telephone (800) 803-9202 or (512) 463-6599.

GENERAL INFORMATION: The school and course provider are prohibited from issuing a certificate of completion if the student has not met all of the requirements for course completion and the student should not accept a certificate under such circumstances. This agreement constitutes the entire contract between the school and the student and no verbal assurances or promises not obtained herein shall bind the school or the student.

INSTRUCTOR'S STATEMENT: My signature on this form certifies that the foregoing statements on this record are true and correct. Under penalty of law, I attest to the fact that the student whose name and signature appears on this document has successfully completed the number of hours as required under Texas Education Code, Chapter 1001, and that any false information on this document will be used as evidence in a court of law and/or administrative proceeding.

COURSE PROVIDER'S PRIVACY POLICY: INSERT PRIVACY POLICY

STUDENT INFORMATION – PRINT LEGIBLY

Legal Name		First	Middle Initial	Last	
of Student:					
Date of Birth:	Month	Day	Year	Driver's License #:	State:
				Sex: (M/F)	(Area Code) Telephone #:
					() -
Student's Current Mailing Address:					Apartment #: (If applicable)
City:			State:	ZIP Code: -	
Court as it Appears on Citation/Ticket:				Number of Students in this Class:	
I certify that I have received six (6) hours of instruction. You may commit a crime if you:					Test Grade:
<ol style="list-style-type: none"> 1. sign your certificate (a government document) if you have not received 6 hours of instruction; 2. falsify any information on your certificate (a government document). 					
Student Signature: _____					

THIS SECTION FOR INSTRUCTOR USE ONLY: Course Cost \$ _____ Date Paid ____/____/____

C School Code _____ School Address _____ Classroom Code _____ Classroom Address _____

Part I ____/____/____ From ____:____ To ____:____ **Part II** ____/____/____ From ____:____ To ____:____ Attendance: Mark only if absent. **①②③④⑤⑥**

Date (MM/DD/YY) AM/PM AM/PM Date (MM/DD/YY) AM/PM AM/PM

I certify that this student has received the amount of driving safety instruction indicated on this form and as required by Code and Rules.

 Instructor Signature (Upon completion of the course) License Number _____ Date (MM/DD/YY) _____

 Additional Instructor Signature (Upon completion of the course) Hours Taught _____ License Number _____ Date (MM/DD/YY) _____

GROUP CONTRACT

Verification of Course Completion Document

All Pages Must Be Sent To The Course Provider

School Name: _____ Course Name: _____

The above named training facility, hereinafter referred to as "school," hereby agrees to provide the undersigned parties, hereinafter referred to as "students," with six (6) clock hours of driving safety instruction upon receipt of the entire cost of the course. The cost of the course includes all required instructional materials where applicable. Any duplicate of the certificate of completion must be requested from the Course Provider. The fee for a duplicate certificate is \$10. If the student requests a duplicate within 30 days of the date of issue of the original certificate because the original was not received or was damaged so as to be unusable or was issued with errors due to no fault of the student, the course provider shall issue the duplicate at no cost to the student.

CANCELLATION POLICY: A full refund will be made to any student who cancels the enrollment contract before midnight of the third day, excluding Saturdays, Sundays, and legal holidays, after the enrollment contract is signed by the prospective student, unless the student has successfully completed the course or received a failing grade on the course examination.

REFUND POLICY: All tuition and fees paid are due and refundable when:

1. the course of instruction is discontinued by the school, preventing a student from completing the course, or
2. the enrollment of the student was procured as a result of any misrepresentation in advertising, promotional materials of the school, or representation made by an owner or employee of the school or course provider.

All refunds will be completed within 30 days after the effective date of enrollment termination.

ATTENDANCE POLICY: A student must attend the complete 6 clock-hour course including all phases of the approved school curriculum and final exam in order to receive a certificate of completion. Any time missed must be made up.

GRADING AND PROGRESS POLICY: A student may not be certified or given credit for a driving safety course unless a student scores 70% or higher on the final exam. Alternative testing techniques for students with reading, hearing or learning handicaps, and policies for retesting students who score less than 70% will be as follows:

1. Review the material;
2. Translate, if possible;
3. Re-test, verbally if necessary.

RULES OF OPERATION AND CONDUCT: A student or prospective student may be dismissed or barred from the class for tardiness, drunkenness, consumption of alcohol or other drugs on premises; rudeness, vulgar or disruptive behavior, carrying firearms, or smoking in the classroom; and inattentiveness such as sleeping, reading materials not contained in the course of instruction, etc. during the class. Students terminated for violating rules of conduct may be readmitted at the discretion of the school owner.

STUDENT ACKNOWLEDGMENTS: My signature on this form signifies that I have been furnished a copy of the school tuition schedule; cancellation and refund policy; and school regulations pertaining to absence, grading policy, progress, and rules of operation and conduct. I realize that any grievances not resolved by the school and/or

INSERT NAME OF COURSE PROVIDER

INSERT ADDRESS OF COURSE PROVIDER

may be forwarded to the Texas Department of Licensing & Regulation, P O Box 12157, Austin, TX 78711, telephone (800) 803-9202 or (512) 463-6599.

GENERAL INFORMATION: The school and course provider are prohibited from issuing a certificate of completion if the student has not met all of the requirements for course completion and the student should not accept a certificate under such circumstances. This agreement constitutes the entire contract between the school and the student and no verbal assurances or promises not obtained herein shall bind the school or the student.

INSTRUCTOR'S STATEMENT: My signature on this form certifies that the foregoing statements on this record are true and correct. Under penalty of law, I attest to the fact that the student whose name and signature appears on this document has successfully completed the number of hours as required under Texas Education Code, Chapter 1001, and that any false information on this document will be used as evidence in a court of law and/or administrative proceeding.

COURSE PROVIDER'S PRIVACY POLICY: INSERT PRIVACY POLICY

THIS SECTION FOR INSTRUCTOR USE ONLY: Course Cost \$ _____ Date Paid ____/____/____

C _____
School Code _____ School Address _____ Classroom Code _____ Classroom Address _____

Part I ____/____/____ From ____:____ To ____:____ **Part II** ____/____/____ From ____:____ To ____:____
Date (MM/DD/YY) AM/PM AM/PM Date (MM/DD/YY) AM/PM AM/PM

I certify that each student has received the amount of driving safety instruction indicated on this form and as required by Code and Rules.

Instructor Signature (Upon completion of the course) License Number _____ Date (MM/DD/YY) _____

Additional Instructor Signature (Upon completion of the course) Hours Taught _____ License Number _____ Date (MM/DD/YY) _____

GROUP CONTRACT *(continued)*
Verification of Course Completion Document
All Pages Must Be Sent To The Course Provider

STUDENT INFORMATION – PRINT LEGIBLY

Legal Name of Student:		First	Middle Initial	Last	
Date of Birth:	Month	Day	Year	Driver's License #:	State:
				Sex: (M/F)	(Area Code) Telephone #:
				()	-
Student's Current Mailing Address:					Apartment #: (If applicable)
City:			State:	ZIP Code: -	
Court as it Appears on Citation/Ticket:					Number of Students in this Class:
I certify that I have received six (6) hours of instruction. You may commit a crime if you:					Test Grade:
1. sign your certificate (a government document) if you have not received 6 hours of instruction; 2. falsify any information on your certificate (a government document).					
Student Signature:					

INSTRUCTOR USE Attendance: Mark only if absent. **①②③④⑤⑥**

STUDENT INFORMATION – PRINT LEGIBLY

Legal Name of Student:		First	Middle Initial	Last	
Date of Birth:	Month	Day	Year	Driver's License #:	State:
				Sex: (M/F)	(Area Code) Telephone #:
				()	-
Student's Current Mailing Address:					Apartment #: (If applicable)
City:			State:	ZIP Code: -	
Court as it Appears on Citation/Ticket:					Number of Students in this Class:
I certify that I have received six (6) hours of instruction. You may commit a crime if you:					Test Grade:
1. sign your certificate (a government document) if you have not received 6 hours of instruction; 2. falsify any information on your certificate (a government document).					
Student Signature:					

INSTRUCTOR USE Attendance: Mark only if absent. **①②③④⑤⑥**

STUDENT INFORMATION – PRINT LEGIBLY

Legal Name of Student:		First	Middle Initial	Last	
Date of Birth:	Month	Day	Year	Driver's License #:	State:
				Sex: (M/F)	(Area Code) Telephone #:
				()	-
Student's Current Mailing Address:					Apartment #: (If applicable)
City:			State:	ZIP Code: -	
Court as it Appears on Citation/Ticket:					Number of Students in this Class:
I certify that I have received six (6) hours of instruction. You may commit a crime if you:					Test Grade:
1. sign your certificate (a government document) if you have not received 6 hours of instruction; 2. falsify any information on your certificate (a government document).					
Student Signature:					

INSTRUCTOR USE Attendance: Mark only if absent. **①②③④⑤⑥**

ATTACHMENT E

CONTINUING EDUCATION PROGRAM INFORMATION SHEET

Each course provider will be responsible for receiving an approval for a two-hour continuing education course. Each instructor currently endorsed to teach the course must attend the approved continuing education course conducted by the course provider. The course that is submitted for approval shall clearly identify the name of the course provider, the course provider number, and the name of the driving safety course.

A continuing education course may be approved if the agency determines that:

- a) the course constitutes an organized program of learning that enhances the instructional skills, methods, or knowledge of the driving safety instructor;
- b) the course pertains to subject matters that relate directly to driving safety instruction, instruction techniques, or driving safety-related subjects;
- c) the entire course has been designed, planned, and organized by the course provider. The course shall use licensed driving safety instructors to provide instruction or other individuals with recognized experience or expertise in the area of driving safety instruction or driving safety-related subject matters. Evidence of the individuals' experience or expertise may be requested by the division director; and
- d) the course contains updates or approved revisions to the driving safety course curriculum, policies or procedures, and/or any changes to the course, that are affected by changes in traffic laws or statistical data.

Course providers shall notify the division director of the scheduled dates, times, and locations of all continuing education courses no less than ten calendar days prior to the class being held, unless otherwise excepted by the division director.

Both hours of continuing education must be provided as approved, completed by the instructor, and attendance verified by the designated individual.

The continuing education course guide should outline the content of the course and the techniques of instruction that will be utilized to present the course. At a minimum, the course guide should contain the following:

- a) a description of the plan by which the course will be presented;
- b) the subject of each unit;
- c) the instructional objective(s) of each unit;
- d) time to be dedicated to each unit;
- e) instructional resources to be used for each unit, including names or titles of presenters and facilitators;
- f) a plan by which the course provider will monitor and ensure attendance and completion of the course by the instructors within the guidelines set forth in the course; and
- g) a course evaluation form to be completed by each instructor attending the course. The course provider must maintain each instructor's complete evaluation form for one year.

DRIVING SAFETY CONTINUING EDUCATION COURSE (CE)

CP _____

Course Number

_____ Name of Course

Submitted By: _____

Date: _____

MINIMUM COURSE CONTENT

*The course must be **two hours** or more in length and must contain subject matter that relates directly to driving safety instruction, instruction techniques, or driving safety-related subjects. The course must also contain updates or approved revisions to the driving safety course curriculum, policies or procedures, and/or any changes to the course, that are affected by changes in traffic laws or statistical data.*

PLAN DESCRIPTION

**TDLR
USE**

Unit:

Subject:

Time:

Objective:

Content:

Unit:

Subject:

Time:

Objective:

Content:

<p>Unit:</p> <p>Subject:</p> <p>Time:</p> <p>Objective:</p> <p>Content:</p>	<input type="checkbox"/>
<p>Unit:</p> <p>Subject:</p> <p>Time:</p> <p>Objective:</p> <p>Content:</p>	<input type="checkbox"/>
<p>RESOURCES:</p>	<input type="checkbox"/>
<p>PRESENTERS/FACILITATORS:</p>	<input type="checkbox"/>
<p>MONITORING. Explain how instructor attendance and course completion will be monitored.</p>	<input type="checkbox"/>