



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

MOTROCYCLE SCHOOL APPLICATION FOR ADDRESS CHANGE INSTRUCTIONS

Each entity looking to change an address shall provide an application for approval that shall be in compliance with 16 TAC Chapter §98, and all TDLR established guidelines and criteria. The following shall be submitted to the Texas Department of Licensing and Regulation P.O. Box 12157, Austin, TX 78711.

1. Name of School – Enter the official name of the school. This must be the name you are licensed under.
2. School License Number – Write the TDLR License number or Rider Education Management System (REMS) ID number.
3. Organization Type – Select organization type.
4. School's Mailing Address and Contact Information – Enter the school's mailing address, phone number, fax number, email address, and website 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. 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.
6. Location of Classroom – Enter the physical address of the classroom. This address is the actual location where classroom instruction will be conducted. A post office box is not acceptable for the physical address.
7. Controlling Person's Information – List the name, title contact information and ownership information for each owner of the school as defined by 98.10(4).
8. Statement of Applicant(s) – Application must be signed by the owner, officer or other authorized representative of the school.

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 an application. During the review process, you will be notified in writing of any discrepancies/requirements not met. Schools may not enroll students until the application for address change has been approved and range documentation (if applicable) has been approved.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS 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 you 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 contact us via email at education@tdlr.texas.gov



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1. Name of School:	2. School's License/REMS Number:
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3. Organization Type: (check one)

Sole Proprietor Partnership Corporation Limited Liability

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

Number, Street Name, Suite Number/Apartment Number City, State Zip Code

School's Email Address School's Web Address

School's Phone Number School's Fax Number

Contact Person's Name Phone Number Email Address

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

Number, Street Name, Suite Number/Apartment Number City, State Zip Code County

6. Location of Classroom:

Number, Street Name, Suite Number/Apartment Number City, State Zip Code County

STATEMENT OF APPLICANT

8. By signing this application I certify that all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation and the rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 98). 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