TEXAS DEPARTMENT OF LICENSING & REGULATION

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

MOTORCYCLE 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 – Provide 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. Statement of Applicant(s) – Application must be signed by the owner, officer or other authorized representative of the school.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Completed applications and attachments may be submitted via webform to ***Education and Examination Division***.

Documents submitted with your application will not be returned. Keep a copy of your completed application and all attachments.

For additional information and questions, please visit the ***Texas Department of Licensing & Regulation*** website or reach the ***Education and Examination Division*** via webform where you can submit your request for assistance and include attachments as needed. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

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MOTORCYCLE SCHOOL APPLICATION FOR ADDRESS CHANGE

1. Name of School:

2. School's License/REMS Number:

3. Organization Type: **(check one)**

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability

4. School Mailing Address and Contact Information:

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**

7. STATEMENT OF APPLICANT

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