



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MOTORCYCLE OPERATOR TRAINING SCHOOL CHANGE OF OWNERSHIP APPLICATION INSTRUCTIONS

Each entity looking to change ownership of a school shall provide an application for approval that shall be in compliance with 16 TAC Chapter §98, Transportation Code, Chapter 662 and all TDLR established guidelines and criteria.

1. Name of School – Enter the assumed, legal or DBA name of the school.
2. School License Number – Write the TDLR License number or Rider Education Management System (REMS) ID number.
3. Organization Type – Select the organization type for your business.
4. School Mailing Address and Contact Information – Enter the Schools' mailing address, phone number, fax number, and email 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. Range Address – Enter the physical address of the Range. This address is the actual location where 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.
7. 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.
8. 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). All controlling persons listed on the application must undergo and successfully pass a criminal history background check.
9. Statement of Applicant – Application must be signed by the owner, officer or other authorized person.

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 also be submitted via webform to: <https://ga.tdlr.texas.gov:1443/form/education>.

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 at www.tdlr.texas.gov or reach the Education and Examination division via webform where you can submit your request for assistance and include attachments as needed at <https://ga.tdlr.texas.gov:1443/form/education>. 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 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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1. Name of School:	2. School License Number
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3. Organization Type:

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 City, State Zip Code

School Email Address School Web Address School Phone 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

6. Range Address:

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

7. Location of Classroom:

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

8. Controlling Persons information:

Business Name/Owner Name Ownership %

Mailing Address:

P.O. Box, Number, Street

City, State, Zip Code

Phone Number Email Address

Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No

If YES, complete and submit a [Criminal History Questionnaire \(PDF\)](#) for each offense.

Additional Controlling Persons Information:

Business Name/Owner Name

Ownership %

Mailing Address:

P.O. Box, Number, Street

City, State, Zip Code

Phone Number

Email Address

Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No

If YES, complete and submit a [Criminal History Questionnaire \(PDF\)](#) for each offense.

Additional Controlling Persons Information: (Attach additional pages if necessary)

Business Name/Owner Name

Ownership %

Mailing Address:

P.O. Box, Number, Street

City, State, Zip Code

Phone Number

Email Address

Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No

If YES, complete and submit a [Criminal History Questionnaire \(PDF\)](#) for each offense.

9. 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 (Transportation Code, Chapter 662) 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