

TEXAS DEPARTMENT OF LICENSING & REGULATION

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

PROPERTY TAX CONSULTANT PRE-EDUCATION PRIVATE PROVIDER REGISTRATION APPLICATION INSTRUCTIONS

An entity requesting to register as an Property Tax Consultant Pre-Education Private Provider shall submit an application for approval that is in compliance with Occupations Code, Chapter 1152, Property Tax Consultants; the administrative rules (Texas Administrative Code, Chapter 66); the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and all TDLR established guidelines and criteria.

- 1. **Provider Name** Enter the official name of the private provider. This must be the name used in advertisements.
- 2. **Provider Type** Make one selection that most closely fits the type of business the provider is engaged in.
- 3. **Physical Address** Enter the physical address of the private provider. This address is the actual business location where all records will be kept for auditing purposes. A post office box is not acceptable for the physical address.
- 4. <u>Contact Person information</u> Enter the name for the person responsible for the day to day operations of the provider. Include mailing address, telephone/fax number, email and website. This information is required to transact business with TDLR. You will be notified with information from the Department on matters affecting Property Tax Consultant preeducation. Your e-mail address is confidential pursuant to the Texas Public Information Act. The Department will not share it with the public.
- 5. <u>Background qualifications</u> Provide the Department a brief summary of how you will develop and deliver consistent, quality education. You should be able to demonstrate a commitment to continuous improvement and excellence in education. Your business plan should include written policies on items such as refunds, inclement weather, instructor "no shows", insufficient enrollment, etc.
- 6. **Exemption Status** Indicate if registered or exempt by the Texas Workforce Commission under Title 40, Texas Administrative Code, Chapter 807, Careers Schools and Colleges.
- 7. <u>Certifying Statement</u> This application should be signed by an officer or other authorized party of the provider. Be sure to print the party's name, sign and date the application.

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 and all attachments.

This application may also be submitted by sending it and all attachments via web form to the <u>Education and Examination</u>
Division.

<u>Please Note:</u> No provider may advertise as a registered provider unless it is approved by the Texas Department of Licensing and Regulation.

For additional information and questions, please visit the <u>TDLR website</u> at or reach the <u>Education and Examination Division</u> <u>via web form</u> 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 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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1.	Provider Name:					
2.	Provider Type:					
		School	College/University	College/University	Government Agency	
3.	Physical Address:					
_	Number, Street Name, Apartment Number, City, State, Zip Code					
4.	Contact Person Information:					
	Last, First, Middle Name, Suffix (Jr., Sr., III)					
	Last, First, Middle Name, Sumx (Jr., Sr., m)					
_						
	Number, Street Name, Apartment Number, City, State, Zip Code					
5.	Phone Number Background Qualif	Fax Number	Email	Address	Web Address	
6.	Exemption Status:					
	Indicate if registered or exempt by the Texas Workforce Commission under Title 40, Texas Administrative Code, Chapter 807, Careers Schools and Colleges.					
	Yes (Provide Documentation)					
7. CERTIFYING STATEMENT						
I certify that I will comply with all applicable provisions of the Occupations Code, Chapter 1152, Property Tax Consultants; the administrative rules (Texas Administrative Code, Chapter 66); the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation, Texas Administrative Code, Chapter 60). I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties. Printed Name of Owner, Officer, or Authorized Representative						
s	ignature of Owner, Offic	er, or Authorized Repr	esentative		Date	