



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
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www.license.state.tx.us - education@license.state.tx.us

APPLICATION FOR:

**PROPERTY TAX PROFESSIONALS
"CORE" PROVIDER REGISTRATION**

PURSUANT TO TITLE 7, OCCUPATIONS CODE, CHAPTER 1152

THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK

Provider Name

Physical Address
(No PO Boxes)

<input type="text"/>
<input type="text"/>

Provider Type

Private Business School College/University Association Government Agency

Contact Person

<input type="text"/>

Mailing Address

<input type="text"/>
<input type="text"/>

Telephone

<input type="text"/>	Fax	<input type="text"/>
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e-Mail Address

<input type="text"/>	Web Site	<input type="text"/>
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BACKGROUND/QUALIFICATIONS (SEE INSTRUCTIONS)

- A brief description of your capability in development and instruction of courses.
- A business plan with clearly defined purposes.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Occupations Code, Chapter 1151, Property Tax Professionals; the administrative rules (Texas Administrative Code, Chapter 624); 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, Chapters 59 and 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

Signature

Date