



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

PROPERTY TAX PROFESSIONALS "CORE" PROVIDER REGISTRATION

Provider Name: _____

Provider Type: Private Business Association College/University School Government Agency

Provider 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 **Phone Number**

Email Address **Web Address** **Fax Number**

Contact Person Name **Phone Number**

Provider Physical Address: (P.O. BOX is not allowed)

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

Required Documentation (Please attach documentation that addresses each of the following criteria)

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

Completed forms may be submitted by sending your completed registration via web form to the [Education and Examination Division](#).

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 web form](#) where you can submit your request for assistance and include attachments as needed.

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.

Signature of Provider

Date