

CE Provider Change of Owner Application Checklist

Provider Name: _____

1. Provider Information:

- Complete all fields
- List other states where provider is approved to offer real estate, inspector or ERW CE courses, if applicable

2. Course Information:

- Proposed location of classes, check all that apply
- Source of curriculum listed, must be name of individual or organization

3. Operations Manager:

- Complete all fields
- Complete a [Principal Information Form](#)

4. Records Manager:

- Complete all fields

For Out-Of-State Applicants:

- Include notarized Power of Attorney

5. Business Information:

- Select one business type

Using an Assumed Name? Yes No

- If YES, include a copy of recorded assumed name certificate

For Corporations or LLCs

- Complete all fields and include the following:
 - Franchise Tax Account Status Page (chartered in Texas)
 - Certificate of Fact (chartered in another state)
- [Principal Information Form](#) for each individual listed

For Trade Associations:

- Complete all fields and include the following:
 - Copy of formation documents and IRS letter
 - List of board of directors and their terms of service
- [Principal Information Form](#) for each individual listed

6. Background Information:

- Answer all legal questions
- Complete a [Background History Form](#), for **YES** answers

7. Advertising:

- Sample of advertisement that clearly reflects the provider name, course titles, course numbers and number of credit hours. If fees are charged, fees are displayed in a clear and consistent manner.
- No prohibited practices - see §535.65(c)

8. Authorized Signers:

- Name and signatures of individuals authorized to sign CE education credit forms for provider

Certification Statement:

- Name and signature of Owner (required)
- Name and signature of Operations Manager (required)