



# Qualifying Education (QE) Provider Application Supplement

Use this form to report changes for an approved QE Provider  
Email completed form to [education@trec.texas.gov](mailto:education@trec.texas.gov)

Provider Name

Provider License Number

## 1. Provider Contact Information:

Business Telephone Number

Email Address

Web Address

## 2. Provider Name Change:

New Provider Name

Will the applicant be conducting business under an assumed name?  Yes  No

If "Yes", ***attach a recorded assumed name certificate.***

## 3. Address Change:

New Business Address

City

State

Zip Code

## 4. New Operations Manager (Primary Contact) Information:

Name and business address of Operations Manager responsible for day to day operations.  
This person must submit a ***Principal Information Form*** with this application.

Name

Business Address

City

State

Zip Code

Phone Number

Email Address

**5. New Records Manager Information:**

**In-State Applicants:** Indicate name of person responsible for maintaining records and the physical address where the records will be stored.

**Out-of-State Applicants:** Designate an individual resident of Texas to accept service in your behalf and to act as a custodian of records in this state.

**Attach a power of attorney** designating a Texas resident as your attorney-in-fact for these purposes.

\_\_\_\_\_  
Name of In-State Records Manager or Attorney-in-Fact

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**6. Add or Remove Authorized Signers:**

**Add Persons associated with the QE provider authorized to sign education credit forms and certificates:**

**Name**

**Signature**

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\_\_\_\_\_

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**Remove Persons associated with the QE provider authorized to sign education credit forms and certificates:**

**Name**

**Signature**

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**CERTIFICATION STATEMENT**

I certify that the information contained herein is true and correct. I authorize the Texas Real Estate Commission to conduct any investigations of me which it deems prudent. I understand that information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met. I further understand that information submitted in conjunction with this application may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code). I understand that approval to be an education provider may be withdrawn for noncompliance with the Real Estate License Act or the Rules of the Texas Real Estate Commission.

\_\_\_\_\_  
Name of Owner, Authorized Corporate Officer, LLC  
Manager, or General Partner (required)

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Operations Manager Name (required)

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date