



# Inspector Qualifying Education (QE) Course Renewal Application

**P.O. Box 12188  
Austin, Texas 78711-2188**

FEE	RECEIPT NUMBER	AMOUNT	\$ TYPE	App #	File #
Processing Fee				Entity #	Course #

**DO NOT WRITE ABOVE THIS LINE**

### 1. Course Application Fees:

**a) Base Fee:** \$50.00

**b) Content Review: (\$5.00 per hour):**                      Number of course hours \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

**AND c** for classroom delivery, **d** for distance education delivery or **both c and d** for combination courses

**c) Classroom delivery: (\$5.00 per hour):**                      Number of course hours \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

**d) Distance Education delivery: (\$10.00 per hour):**                      Number of course hours \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

This fee will be waived for courses submitted with a current approval issued by a distance learning certification center acceptable to the Commission i.e., IDECC.

**Total Due: a) \$50.00 + b) \_\_\_\_\_ + c) \_\_\_\_\_ + d) \_\_\_\_\_ = \_\_\_\_\_**

(Note: Combination courses must be at least 50% classroom and the fee should reflect the number of hours in each delivery method.)

### 2. Provider Information:

\_\_\_\_\_  
Provider Name \_\_\_\_\_  
Provider License Number

### 3. Course Information:

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Course Number \_\_\_\_\_  
Course Expiration Date

#### Delivery Method:

##### Classroom

- Live In Person
- Live Online

##### Distance Education

- Online
- Correspondence

##### Combination

- Classroom and Online
- Classroom and Correspondence

#### 4. Distance Education:

Provide instructions for TREC staff to access the distance education course.

Instructions are included with this application.

#### 5. Secondary Provider:

If you are offering this course as a secondary provider, provide the following information:

\_\_\_\_\_  
Original Provider Name

\_\_\_\_\_  
Provider License Number

Attached is a permission letter from the original provider granting permission to the secondary provider to continue offering this course.

#### 6. Course Renewal Certification:

I certify that:

- This course will be delivered in the same format as previously submitted and approved.
- There have been no changes to the course content, presentation, design and delivery of the course other than updates to applicable statutory or rule changes or changes to promulgated contract forms.

Check this box if changes to content or exams related to applicable statutory or rule changes or changes to promulgated contract forms were made. **Submit these changes with this application.**

### CERTIFICATION STATEMENT

I certify that I am the **owner or operations manager** for this QE provider and that the information contained is true and correct. By signing this application, I agree on behalf of the QE provider to comply with all rules of the Texas Real Estate Commission and to timely file all course completion records as required by the rules. I understand that the approval of this course for QE credit may be withdrawn if found to be non-compliant.

\_\_\_\_\_  
Name of Owner or Operations Manager

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner or Operations Manager

\_\_\_\_\_  
Date