Texas Real Estate Commission
P.O. Box 12188
Austin, Texas 78711-2188
Phone: (512) 936-3000 www.trec.texas.gov

Continuing Education (CE) Provider Application

To be used for approval to offer real estate and inspector CE courses

FEE	RECEIPT NUMBER	AMOUNT	MONEY TYPE	App#	File#
Provider Application Fee		$400.00		Entity #	Provider #

DO NOT WRITE ABOVE THIS LINE

1. _____ **2.** _____
Provider Name **Provider License #**

3. _____
Business Address

4. Phone # _____ **5. Email Address** _____

6. Website Address _____

7. Applicant is a: (check all that apply)

☐ 4 year college/university ☐ 2 year college ☐ Trade association
☐ Business entity ☐ Sole proprietorship

8. Will the applicant be conducting business under an assumed name? ☐ **Yes** ☐ **No**

If "Yes", provide a copy of the recorded assumed name certificate or similar document issued for the same purpose.

9. Is the applicant approved as a real estate or inspector CE provider in other states? ☐ **Yes** ☐ **No**

If "Yes", specify which state(s). _____

This section applies to business entities:

10. a) In which state is the business entity chartered? _____

b) If the business entity is chartered in Texas, attach a Franchise Tax Account Status page from the Texas Comptroller's office dated not more than thirty (30) days prior to the date of the application.

c) If the business entity is chartered in a state other than Texas, attach a Certificate of Fact from the Texas Secretary of State's Office which is dated not more than thirty (30) days prior to the date of this application.

11. List the name, title and ownership percentage of each individual owning 10% or more of the provider applicant listed in question #1. A Principal Application Form for each person listed must be submitted with this application.

Name	Title	% Ownership

If additional space is needed, please attach a separate page to complete your answer.

This document is available on the TREC website at www.trec.texas.gov

This section applies to trade associations:

12. a) What percentage of your membership is made up of real estate or inspector license holders? _____

b) Do members pay membership dues to the association? _____

c) Does your association subscribe to a written code of professional conduct or ethics? _____

d) Is your board of directors elected by the association members? _____

e) Attach a copy of the trade association's formation documents and an IRS letter recognizing the trade association is tax-exempt.

f) List the trade association officers and when each license term expires.

Name	Title	Expiration of Term

13. Proposed location(s) of classes:

☐ Classroom Facility ☐ College/university ☐ Conference Center ☐ Distance Education

14. Source of curriculum _____

15. Explain your refund policy: _____

16. Advertising: Attach a sample of previous or proposed advertising material with this application. All material or online advertising should satisfy Commission advertising requirements and clearly reflect the provider name, the provider license number and any course titles as they have been approved by the Commission. Fees should be displayed in a clear and consistent manner.

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

NAME (Last) (First) (Middle)

BUSINESS ADDRESS Number, Street and Suite No. City State Zip Code

Phone # _____ Email Address _____

18. Out-of-State Applicants: Designate a resident of Texas to accept service in your behalf and to act as a custodian of records in this state. Attach a copy of a power of attorney designating a Texas resident as your attorney-in-fact for these purposes.

Name of Attorney-in-Fact (Last) (First) (Middle)

BUSINESS ADDRESS Number, Street and Suite No. City State Zip Code

Phone # _____ Email Address _____

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

NAME (Last) (First) (Middle)

BUSINESS ADDRESS Number, Street and Suite No. City State Zip Code

Phone # _____ Email Address _____

20. Has the education provider or its Operations Manager ever had a professional or occupational license in this state or any other state suspended, canceled or revoked, or ever surrendered such a license? ☐ Yes ☐ No

21. Has the education provider or its Operations Manager ever had an application for a professional or occupational license disapproved in this state or any other state? ☐ Yes ☐ No

22. Are there any disciplinary hearings or investigations pending against any professional or occupational licenses held by the education provider or its Operations Manager? ☐ Yes ☐ No

23. Are there any unpaid judgments or any civil suits pending against the education provider or its Operations Manager? ☐ Yes ☐ No

24. Has the education provider or its Operations Manager ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than traffic tickets.) ☐ Yes ☐ No

25. Has the education provider or its Operations Manager ever been placed on probation? ☐ Yes ☐ No

26. Are there any criminal charges pending against the education provider or its Operations Manager? ☐ Yes ☐ No

If the answer is Yes to any of the questions in this section, the Background History Form is required. This form is located on the TREC website at www.trec.texas.gov.

27. Persons associated with the applicant authorized to sign CE forms:

Printed Name	Signature

If additional space is needed, attach a separate sheet of paper.

28. Additional Information: If there is any additional information which you feel may be useful to TREC in making a determination for approval of this application, please include a separate attachment with a detailed explanation.

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	Signature	Date
Operations Manager Name	Signature	Date