



Texas Real Estate Commission  
P.O. Box 12188  
Austin, Texas 78711-2188  
**Mandatory Continuing Education**  
**PROVIDER APPLICATION**  
**MCE FORM 1A-2**

## Instructions

1. Questions 1-6 refer to the individual or entity requesting approval to be an MCE provider.

**Rule §535.72(i)(5):** "Any name a provider uses in advertising must not be deceptively similar to the name of any other approved MCE provider or school accredited by the commission or falsely imply a governmental relationship."

Enter the exact name which will be used on advertising/promotional material.

2. Enter the providership's business address. This should be the address to which correspondence from TREC will be mailed.
3. Enter the telephone number which TREC should use when phoning your providership (where your Operations Manager can be reached).
4. Enter the e-mail address which TREC should use to contact you by e-mail.
5. Enter the business address which licensees will use when coming or writing to obtain information about your providership and/or courses. This address will be published on an MCE provider list.
6. Enter the business telephone number which will be published for use by licensees.
7. Question 7 refers to the person completing this form. Enter your full name, last name first.
  - a. Enter the telephone number where you can be reached during business hours.
  - b. Check the term that best describes your position in the providership. An "agent" is someone authorized by the owner to prepare these materials and submit them to the Commission. This may include an attorney or accountant.
8. Check which category describes the provider listed in Question 1. If the corporation is checked, indicate whether the corporation is for profit or nonprofit. **If the applicant is a corporation, you must also answer Question 11.**
9. If the MCE provider will be conducting business under an assumed name, a copy of the recorded assumed name certificate or similar document must be ATTACHED to this application. Texas providers will record the assumed name at the county courthouse where the business will be located.
10. If the provider has been approved to offer MCE courses in other states, check "Yes" and enter the names of those states.
11. Answer this question ONLY if you checked "corporation" in Question 8.
  - a. Enter the state where the corporation is chartered. If that state is Texas, answer part "b." If it other than "Texas", answer part "c."
  - b. Answer "Yes" or "No." If you answered "Yes," two attachments are required.
  - c. Answer "Yes" or "No." If you answered "Yes," one attachment is required. If you answered "No," two attachments are required.
12. Answer this question ONLY if you are "For Profit" applicant. List the name, title, and percent of ownership of each person having 10% or more interest in the providership. If licensed as a real estate salesperson or broker in Texas, please provide the license number.

13. **Rule §535.72(jj):** "...A provider's records must be kept at the location designated in the MCE Provider Application. ..."

All MCE records must be maintained at Texas address. The address given must be a street address, not a post office box number. The person named here must be a Texas resident.

**In-State Applicants:** Enter the full name, last name first, and the business telephone number of the person designated by you to maintain these records and the address where records will be stored.

**Out-of-State Applicants: Rule §535.71(jj):** "If a provider does not maintain a fixed office in this state for the duration of the provider's approval to offer courses, the provider shall designate a resident of this state as attorney-in-fact to accept service of process and act as custodian of any records in Texas which the provider is required to maintain by these sections. A power-of-attorney designating the resident must be filed with the commission."

14. Enter the full name, last name first, and the business address and business telephone number of the person designated by you to maintain these records and the address where your records will be stored. ATTACH a copy of a power-of-attorney designating the person named here as your attorney-in-fact.
15. Enter the full name, last name first, and the address of the person who will be responsible for the day to day operations of the MCE program. This is the person who will be contacted by TREC staff with any questions or concerns regarding your providership.
16. Enter the number of salaried people you expect will be involved in your MCE program.
17. State the total number of students you expect to enroll each year.
18. Write your proposed starting date on which you would like to have your first class begin. We request that you allow 60 days for your application to be processed. Applications are processed in order by date of receipt.
19. Check the type of facility at which you propose to conduct MCE classes. Check all facilities that apply. If you propose to offer courses in brokerage offices, please write in "brokerage offices."

**Rule §535.72(ff):** "Facilities used by providers for classroom presentations must be adequate to accommodate students. Providers shall ensure each student has seating, a writing surface and writing materials. ..."

For a location other than a hotel/conference center, college/university or brokerage office, indicate the complete address of the facility and ATTACH a floor plan and parking provisions. The floor plan should indicate, in detail, the location of the school office, record storage, classrooms, break facilities and restrooms. Classroom sizes should be noted. Records need to be stored in a secure area that can be locked. Restrooms, fire exits and parking provisions must be adequate.

For a hotel/conference center, college/university or brokerage office, please provide the name and address of the facility. You may attach extra pages if necessary.

**NOTE:** If this is your initial application and you have not yet secured a location for your classes, you may submit a floor plan at a later date. Final approval of your application would be contingent upon receipt of a floor plan of an acceptable location.

20. State the name(s) of the individual(s) who will develop your courses.
21. State your proposed fee structure. Will the fees be determined by the number of MCE credit hours, by type or number of instructors needed, by the number of students who can be accommodated in the class, or by some other method? Please explain.
22. **Rule §535.72(o):** To be approved a provider " shall establish written policies governing refunds and contingency plans in the event of course cancellation. ..."  
Answer the following questions in detail:
- a. If the designated instructor for a specific class cancels either ahead of time or at the last minute, tell

us what you plan to do.

- b. If an insufficient number of students enroll for a class, tell us what you plan to do.
- c. If weather conditions on the day of a scheduled class make traveling hazardous, tell us what you plan to do.

23. **Rule §535.72(o)**: "...If the provider cancels a course, the provider shall fully refund all fees collected from students, or at the student's option, the provider may credit the student for another course of equal or greater credit hours."

Explain your intended refund policy.

24. If this is your first application and you have developed proposed advertising or brochures, provide a sample with this application. We would like a sample of each type of advertising you use.

See **Rule §535.72(i)** for advertising guidelines.

25. **Rule §535.72(a)**: "...The commission may not accept signature stamps, unsigned forms or forms signed by persons for whom an authorized signature exemplar has not been previously filed with the commission.  
..."

Print the names of all persons who the providership authorizes to sign MCE forms. Each of these persons must then sign his or her own name on the line next to the printed name. this will be used as the authorized signature exemplar.

26. What additional information should we have in considering this application?

27. PLEASE READ CAREFULLY. All persons listed in Question 12 (individual providers and persons having 10% or more interest in the providership) and the person listed in Question 15 (Operations Manager) must PRINT their names, SIGN and DATE.



Texas Real Estate Commission

P.O. Box 12188
Austin, Texas 78711-2188
512-459-6544 or 1-800-250-8732 (TREC)

Mandatory Continuing Education
Provider Application

Table with 5 columns: FEE, REGISTER NUMBER, MONEY TYPE, AMOUNT, PROVIDER NUMBER. Row 1: Provider Application Fee, \$400.00

DO NOT WRITE ABOVE THIS LINE

1. Provider Name

\_\_\_\_\_

2. Business Address (for TREC use)

Street City State Zip

3. Business Telephone Number (for TREC use) [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

4. E-mail Address

\_\_\_\_\_

5. Business Address (for publication)

Street City State Zip

6. Business Telephone Number (for publication) [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

7. Person Preparing Application

Last First MI

a) Business Telephone Number [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

b) Position: (check one)

- Owner Agent Attorney Operations Manager Other (specify)

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

- 4 year college/university sole proprietorship
2 year college corporation (profit non-profit)
proprietary school other (specify)

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

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

10. Is the applicant approved as a real estate MCE provider in other states? Yes No

If "Yes", specify states. \_\_\_\_\_

11. If applicant is a corporation, complete the following:

- a) In which state is the corporation chartered? \_\_\_\_\_
- b) If the corporation is chartered in Texas, attach a Certificate of Status from the Texas Secretary of State's office which is dated not more than thirty(30) days prior to the date of the application.

Is the corporation in good standing with the Texas Comptroller of Public Accounts?

- Yes Attach a Certificate of Good Standing from the State of Texas Comptroller of Public Accounts.
- No Attach a complete explanation.

c) If the corporation is chartered in a state other than Texas, complete the following:

Has the corporation obtained a Certificate of Authority from the Texas Secretary of State?

- Yes Attach a Certificate of Status from the Texas Secretary of State's Office which is dated not more than thirty (30) days prior to the date of this application.
- No Attach a complete explanation and a Certificate of Status, or similar document, from the state of incorporation which is dated not more than thirty (30) days. Prior to the date of this application.

12. "For Profit" applicants: list the name, title and percent ownership of each individual having a 10% or more interest. If applicant is an individual, that person's name must appear. "Non-Profit:" applicants should skip this question. **Each principal listed must sign this application, complete an MCE Principal Information Form (MCE Form 2-3) and submit it with this application.**

NAME	TITLE	% OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, attach a separate sheet of paper to complete your answer.

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

Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI

Business Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Business Telephone Number

14. **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 \_\_\_\_\_ MI

Business Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Business Telephone Number

15. Name, business address and social security number of Operations Manager responsible for day to day operations. **This person must submit MCE Form 2-3 with this application.**

Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI

Business Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Social Security Number

-   -

16. Expected number of salaried employees or consultants \_\_\_\_\_

17. Projected yearly enrollment \_\_\_\_\_

18. Proposed starting date of first course   -   -

19. Proposed location(s) of classes:

Hotel/conference center

College/university

Other permanent classroom facility. (See Instructions) Provide address and attach parking provisions and a floor plan to include the following: location of office, classroom size(s), location of record storage, break facilities, and restrooms.

Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

20. Source of curriculum \_\_\_\_\_  
\_\_\_\_\_

21. Proposed course fees \_\_\_\_\_  
\_\_\_\_\_

22. What contingency plans have been made for the following:

a) Instructor cancellation? \_\_\_\_\_  
\_\_\_\_\_

b) Insufficient enrollment? \_\_\_\_\_  
\_\_\_\_\_

c) Inclement weather? \_\_\_\_\_  
\_\_\_\_\_

23. Explain your refund policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. If any proposed advertisements or brochures have been prepared, provide a sample. If you have previously been a TREC approved MCE provider Include samples of your advertising.

25. Persons associated with the MCE applicant authorized to sign MCE forms:

Printed Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____

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

26. Is there any additional information which you feel may be useful to TREC in making a determination for approval of this application? (Attach additional sheet if more space is needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Each individual listed in Question 11 and Question 13 is required to sign the following statement:

I represent that I have examined this application and that I am either the Applicant, operations manager or a Principal as listed in Question 11 and that the information contained herein is true and correct. By the filing of this Application the above-named MCE provider applicant and principals agree to comply with all rules of the Texas Real Estate Commission and to file timely all reports are required by the rules. I understand that approval to be an MCE provider may be withdrawn for noncompliance with the rules of the Texas Real Estate Commission.

Printed Name

Signature

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____