



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 Supplement

Provider Name _____

Provider Number

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Complete only those items below for which you are requesting an approval to change or reporting a change.

1. Provider Name

If Provider Name is changing please complete.

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 used for the same purpose.

2. Business Address (for TREC use)

Street _____ City _____ State _____ Zip _____

3. Business Address (for publication)

Street _____ City _____ State _____ Zip _____

Items 4 and 5 do not require approval prior to implementation of the change.

4. Business Telephone Number (for TREC use) - -

5. Business Telephone Number (for publication) - -

6. "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.

7. 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 - -

8. Any individual listed in Question 6 and Question 7 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 I understand that approval to be an MCE provider may be withdrawn for noncompliance with the rules of the Texas Real Estate Commission.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

9. **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

Items 10 and 13 do not require approval prior to implementation of the change.

10. **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

11. 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.

12. Persons associated with the MCE applicant to be deleted as authorized to sign MCE forms.

Printed Name

Signature

13. Explain your refund policy: _____

I represent that I am the provider or an authorized representative thereof, that I have examined this application and that the information contained herein is true and correct.

Printed Name

Signature

Date

