Texas Real Estate Commission
P.O. Box 12188
Austin, Texas 78711-2188

Mandatory Continuing Education

PRINCIPAL INFORMATION FORM
MCE FORM 2-3

Instructions

Persons listed on the Provider Application (MCE From 1A-2), question numbers 11 and13, and the Provider Application Supplement (MCE Form 1B-2), question numbers 6 and 7, must complete the Principal Information Form (MCE Form 2-3).

1. Enter the name of the provider as listed in question 1 of the Provider Application (MCE Form 1A-2). If the provider has already been approved as an MCE provider, enter the provider number. Otherwise, commission staff will enter the provider number here upon approval of the providership.

2. Enter your full name, last name first.

3. Enter your complete business address.

4. Enter your business telephone number.

5. If you hold a real estate license check "Yes," specify whether you are a broker or salesperson, enter your license number, state where licensed and the license expiration date, and indicate whether license(s) are active or inactive. If licensed in more than one state, give this information for each license.

6. If you hold any other professional licenses (attorney, appraisers, etc.) check "Yes," specify type of license(s), enter your license(s) number, state(s) where licensed, date(s) licenses expires and indicate whether license(s) are active or inactive and in good standing.

7. If you have been associated with a TREC accredited MCE provider or proprietary school, check "Yes," and give name and address of provider or school, dates of association and indicate your position in the providership or school.

8. If you have been associated with a provider of real estate in any other state, check "Yes"; give name and address of provider or school, dates of association and indicate your position in the providership or school.

9. Rule §535.71(e): "To be approved as an MCE provider, a person must satisfy the commission as to the person's ability to administer with honesty, trustworthiness and integrity a course of continuing education in MCE subjects approved by the commission. ..." Tell us about any post high school education (schools attended, area of specialization, number of credit hours or degrees or certificates earned), teaching or training experience, administrative/management experience and any other experience that qualifies you to be an MCE provider, ATTACH additional sheets as needed.

10. Please read this statement carefully. Print your name, SIGN and DATE on designated line.

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

Mandatory Continuing Education Principal Information Form

1. Provider Name _____ Provider Number [ ][ ][ ][ ] (to be provided by TREC upon approval)

2. Name _____ Last _____ First _____ MI

3. Business Address _____ Street _____ City _____ State _____ Zip

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

5. Do you hold a real estate license? ❑ Yes ❑ No If "Yes", please complete the following:

License Type	License Number	State	Expiration Date	Status
❑ Broker ❑ Salesperson				
❑ Broker ❑ Salesperson				

6. Do you hold any other professional licenses? ❑ Yes ❑ No If "Yes", please complete the following:

License Type	License Number	State	Expiration Date	Status

7. Are you now or have you ever been associated with a TREC accredited MCE provider or proprietary school? ❑ Yes ❑ No
If "Yes", please complete:

A. Provider or School Name _____ Dates _____
Address _____ Position _____

B. Provider or School Name _____ Dates _____
Address _____ Position _____

8. Are you now or have you ever been associated with a provider of real estate education in any other state? ❑ Yes ❑ No
If "Yes", please complete:

A. Provider or School Name _____ Dates _____
Address _____ Position _____

B. Provider or School Name _____ Dates _____
Address _____ Position _____

This document is available on the TREC website at www.trec.state.tx.us

9. What experience in education and/or business qualifies you to be an MCE provider?

10. I represent I have examined this form and the information contained herein is true and correct.

Printed Name of Principal	Signature of Principal	Date