

Texas Real Estate Commission

Education & Examinations Division

CE Provider Application Checklist

Provider Name: _____

Provider License #: _____

Provider Expiration Date: _____

- 1-6. Complete all fields
- 7. Business type
- 8. Assumed Name
 - Copy of recorded assumed name certificate or similar document, if using an assumed name
- 9. List other states where provider is approved to offer real estate or inspector CE courses, if applicable

***Business entity applicants only, complete #10 and #11**

- 10. Complete all fields and provide the following:
 - Franchise Tax Account Status Page, if chartered in Texas
 - Certificate of Fact or Filing, if chartered in a state other than Texas
- 11. [Principal Application Form](#) for each individual listed

***Trade association applicants only, complete #12**

- 12. Complete all fields and provide the following:
 - Copy of formation documents and IRS letter
 - List of board of directors and their terms of service
- 13. Proposed location of classes, check all that apply
- 14. Source of curriculum, must be name of individual or organization
- 15. Explain refund policy
- 16. Sample of advertising
 - Clearly reflects provider name and license number, use a license number placeholder if not licensed
 - Sample course title and placeholder for course number
 - No prohibited practices - see [§535.65\(c\)](#)
- 17. List Records Manager for In-State applicants **only**
- 18. List Records Manager for Out-of-State applicants **only**
 - List Texas Resident as Attorney-in-fact
 - Include notarized Power of attorney
- 19. Operations Manager
 - Complete a [Principal Application Form](#)
- 20-26. Answer all legal questions
 - Completed a [Background History Form](#), for **YES** answers
- 27. List of individuals authorized to sign for provider, including printed names and signatures
- 28. Additional information, if applicable
- Certification statement: Printed name and signature of Owner
- Certification statement: Printed name and signature of Operations Manager