

QE Provider Application Checklist - Initial/Reinstatement

Provider Name: _____

- 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 qualifying courses, if applicable

***Corporation or LLC 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
 - [Principal Application Form](#) for each director

- 13. Proposed location of classes, check all that apply

- Classroom Facility:
 - Requires description or floor plan of location including:
 - Parking
 - Room Size
 - Break Facilities
 - Restrooms
 - Secured record storage

- College/university:
 - Description of secured record storage

- Conference center:
 - Description of secured record storage

- Distance Education:
 - Description of secured record storage

- 14. Source of curriculum listed, must be name of individual or organization

- 15. Sample of advertisement
 - Clearly reflect provider name and a placeholder for the provider license number
 - Sample course title and placeholder for course number
 - No prohibited practices - see [§535.65\(c\)](#)

- 16. List Records Manager for In-State applicants **only**
- 17. List Records Manager for Out-of-State applicants **only**
 - List Texas resident as attorney-in-fact
 - Include notarized Power of Attorney
- 18. Operations Manager
 - Complete a [Principal Application Form](#)
- 19-25. Answer all legal questions
 - Complete a [Background History Form](#), for **YES** answers
- 26. List of individuals authorized to sign for provider, including printed names and signatures
- 27. Provide the following:
 - Financial Statements in accordance with GAAP:
 - Income Statement
 - Balance Sheet
 - Proposed Budget for the first year of operations
 - Market Survey that includes the anticipated enrollment for the first year of operations
 - Operating Bank Account with funds sufficient to the Commission
 - Sufficient financial resources - Reserve Account with at least \$10,000
 - Original \$20,000 [bond](#) with raised or original seal and payable to the Commission
 - Enrollment Agreement including:
 - Tuition
 - Time Limits
 - Make-up procedures, for:
 - Coursework, include:
 - Fees
 - Timelines
 - Exam, include:
 - Fees
 - Timelines
 - Refund Policy
 - Include Contingency Plans in event of course cancellation
 - Fitness Determination Language
 - Attendance Requirements
 - Additional fees for supplies, materials, books, etc.
 - Statement indicating exam is closed-note/closed-book
 - Proctoring requirements
 - Signatures of both provider representative and student
- 28. Additional information, if applicable
 - Certification statement: Printed name and signature of Owner
 - Certification statement: Printed name and signature of Operations Manager