

Texas Real Estate Commission

P.O. Box 12188 Austin, Texas 78711-2188
Phone: (512) 936-3000 www.trec.texas.gov

Continuing Education (CE) Provider Application To be used for approval to offer real estate and inspector CE courses

	FEE	RECEIPT NUMBER	AMOUNT	MONEY TYPE						
Provider Application Fee			\$400.00		Entity #	Provider #				
DO NOT WRITE ABOVE THIS LINE										
1.	Provider Name				2	Provider License #				
3.	Business Address									
4.	1. Phone # 5. Email Address									
6.	Website Address									
7.	Applicant is a: (ch	neck all that apply)								
	4 year coll	ege/university	2 year college		Trade association					
	Business er	ntity	Sole proprietorsh	nip						
Q	Will the annlicant	t be conducting business und	ler an assumed n	ame?	☐ Yes ☐ No					
0.		_			locument issued for the same	purpose.				
9.	Is the applicant ap	oproved as a real estate or in	spector CE provi	der in other s	tates? Yes No					
	If "Yes", specify w	hich state(s)				_				
Thi	s section applies to	business entities:								
10	. a) In which state i	is the business entity charter	ed?							
	b) If the business entity is chartered in Texas, attach a Franchise Tax Account Status page from the Texas Comptroller's office dated not more than thirty (30) days prior to the date of the application.									
	•	•	-		ficate of Fact or Filing from th	ne Texas Secretary of				
	State's Office w	hich is dated not more than t	thirty (30) days pr	ior to the dat	e of this application.					
11.	. List the name, ti	tle and ownership percenta	age of each indiv	vidual ownin	g 10% or more of the prov	ider applicant listed in				
	question #1. A Pr		each person liste	d must be su	bmitted with this application					
		Name			Title	% Ownership				
	-									
			,							
	If additional space	e is needed, please attach a s	eparate page to c	omplete your	answer.					
	•	• •								

Thi	s section applies to trade associations:									
12.	a) What percentage of your membership	is made up of real es	tate or inspector license hold	lers?						
b) Do members pay membership dues to the association?										
	c) Does your association subscribe to a w									
	d) Is your board of directors elected by th	Is your board of directors elected by the association members?								
	e) Attach a copy of the trade association's			ing the trade association is tay-						
	exempt.	s formation docume	its and an instetter recogniz	ing the trade association is tax-						
	f) List the trade association officers and v	when each license te	rm expires.							
	Name		Title	Expiration of Term						
_										
_										
-										
13.	Proposed location(s) of classes:									
	☐ Classroom Facility ☐ Colleg	e/university	Conference Center	Distance Education						
1.1	Course of sundanting									
14	Source of curriculum									
15	Explain your refund policy:									
13.										
	Advertising: Attach a sample of previo									
17.	Advertising: Attach a sample of previor advertising should satisfy Commission aconumber and any course titles as they had consistent manner. In-State Applicants: Indicate name of perwill be stored.	lvertising requireme ave been approved	nts and clearly reflect the position by the Commission. Fees	provider name, the provider license should be displayed in a clear and						
17.	advertising should satisfy Commission ac number and any course titles as they h consistent manner. In-State Applicants: Indicate name of per will be stored.	lvertising requireme ave been approved rson responsible for	ents and clearly reflect the position by the Commission. Fees maintaining records and the	provider name, the provider license should be displayed in a clear and						
17.	advertising should satisfy Commission ac number and any course titles as they h consistent manner. In-State Applicants: Indicate name of per	lvertising requireme ave been approved	nts and clearly reflect the position by the Commission. Fees	provider name, the provider license should be displayed in a clear and						
17.	advertising should satisfy Commission ac number and any course titles as they h consistent manner. In-State Applicants: Indicate name of per will be stored. NAME (Last)	lvertising requireme ave been approved rson responsible for	maintaining records and the (Middle)	provider name, the provider license should be displayed in a clear and physical address where the records						
17.	advertising should satisfy Commission ac number and any course titles as they had consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No.	lvertising requireme ave been approved rson responsible for	maintaining records and the (Middle)	provider name, the provider license should be displayed in a clear and						
17.	advertising should satisfy Commission ac number and any course titles as they h consistent manner. In-State Applicants: Indicate name of per will be stored. NAME (Last)	lvertising requireme ave been approved rson responsible for	maintaining records and the (Middle)	provider name, the provider license should be displayed in a clear and physical address where the records						
	advertising should satisfy Commission ac number and any course titles as they had consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No.	rson responsible for (First)	maintaining records and the (Middle) City Email Address ept service in your behalf ar	provider name, the provider license should be displayed in a clear and physical address where the records State Zip Code						
	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resi	rson responsible for (First)	maintaining records and the (Middle) City Email Address ept service in your behalf ar	provider name, the provider license should be displayed in a clear and physical address where the records State Zip Code						
	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resithis state. Attach a copy of a power of attach.	rson responsible for (First) dent of Texas to acctorney designating a	maintaining records and the (Middle) City Email Address ept service in your behalf ar Texas resident as your attorn	provider name, the provider license should be displayed in a clear and physical address where the records State Zip Code						
	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resithis state. Attach a copy of a power of attach.	rson responsible for (First) dent of Texas to acctorney designating a	maintaining records and the (Middle) City Email Address ept service in your behalf ar Texas resident as your attorn	provider name, the provider license should be displayed in a clear and physical address where the records State Zip Code						
	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resithis state. Attach a copy of a power of at: Name of Attorney-in-Fact (Last)	rson responsible for (First) dent of Texas to acctorney designating a	maintaining records and the (Middle) City Email Address ept service in your behalf ar Texas resident as your attorn (Middle)	physical address where the records State Zip Code and to act as a custodian of records in ney-in-fact for these purposes.						
18.	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resithis state. Attach a copy of a power of at: Name of Attorney-in-Fact (Last) BUSINESS ADDRESS Number, Street and Suite No.	dent of Texas to acctorney designating a	maintaining records and the (Middle) City Email Address ept service in your behalf ar Texas resident as your attoric (Middle) City Email Address	physical address where the records State Zip Code State Zip Code State Zip Code						
18.	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resithis state. Attach a copy of a power of attachis state. Attach a copy of a power of attachis state. Attachis state. Street and Suite No. Phone # Name and business address of Operations	dent of Texas to acctorney designating a	maintaining records and the (Middle) City Email Address ept service in your behalf ar Texas resident as your attoric (Middle) City Email Address	physical address where the records State Zip Code State Zip Code State Zip Code						
18.	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resithis state. Attach a copy of a power of at: Name of Attorney-in-Fact (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Name and business address of Operations Application Form with this application.	dent of Texas to acctorney designating a (First) Manager responsible Manager responsib	maintaining records and the (Middle) City Email Address ept service in your behalf ar Texas resident as your attorn (Middle) City Email Address	physical address where the records State Zip Code State Zip Code State Zip Code						
18.	advertising should satisfy Commission ac number and any course titles as they he consistent manner. In-State Applicants: Indicate name of perwill be stored. NAME (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Out-of-State Applicants: Designate a resithis state. Attach a copy of a power of at: Name of Attorney-in-Fact (Last) BUSINESS ADDRESS Number, Street and Suite No. Phone # Name and business address of Operations Application Form with this application.	dent of Texas to acctorney designating a (First) Manager responsible Manager responsib	maintaining records and the (Middle) City Email Address ept service in your behalf ar Texas resident as your attorn (Middle) City Email Address	physical address where the records State Zip Code State Zip Code State Zip Code						

CE PA-1 (03/07/2019) Page 2 of 3

20.	Has the education provider or its Operations Manager ever had a professional or occupational license this state or any other state suspended, canceled or revoked, or ever surrendered such a license?	in Yes No					
21.	Has the education provider or its Operations Manager ever had an application for a professional occupational license disapproved in this state or any other state?	or Yes No					
22.	. Are there any disciplinary hearings or investigations pending against any professional or occupatio licenses held by the education provider or its Operations Manager?	nal Yes No					
23.	Are there any unpaid judgments or any civil suits pending against the education provider or Operations Manager?	its Yes No					
24.	Has the education provider or its Operations Manager ever been convicted of a criminal offen (Include all felonies and misdemeanors other than traffic tickets.)	se?					
25.	Has the education provider or its Operations Manager ever been placed on probation?	Yes No					
26.	. Are there any criminal charges pending against the education provider or its Operations Manager?	Yes No					
If the answer is Yes to any of the questions in this section, the Background History Form is required. This form is located on the TREC website at www.trec.texas.gov.							
27.	Persons associated with the applicant authorized to sign CE forms: Printed Name Signature						
	If additional space is needed, attach a separate sheet of paper.						
28. Additional Information: If there is any additional information which you feel may be useful to TREC in making a determination for approval of this application, please include a separate attachment with a detailed explanation.							
I certify that the information contained herein is true and correct. I authorize the Texas Real Estate Commission to conduct any investigations of me which it deems prudent. I understand that information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met. I further understand that information submitted in conjunction with this application may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code). I understand that approval to be an education provider may be withdrawn for noncompliance with the Real Estate License Act or the Rules of the Texas Real Estate Commission.							
	Name of Owner, Authorized Corporate Officer, Signature LLC Manager, or General Partner	Date					
	Operations Manager Name Signature	Date					

CE PA-1 (03/07/2019) Page 3 of 3