



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 Supplement

Use this form to report changes to the CE Provider

Provider Name \_\_\_\_\_

Provider Number \_\_\_\_\_

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

1. 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)

Number, Street and Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Business Address (for publication)

Number, Street and Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

4. Business Telephone Number \_\_\_\_\_ 5. Email Address \_\_\_\_\_

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 a Principal Application Form 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 email address of Operations Manager responsible for day to day operations. This person must submit a Principal Application Form with this application.

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Email Address \_\_\_\_\_

BUSINESS ADDRESS Number, Street and Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 6 and that the information contained herein is true and correct. By the filing of this Application the above-named CE provider applicant and principals agree to comply with all rules of the Texas Real Estate Commission and to file timely all reports as required by the rules. I understand that approval to be a CE provider may be withdrawn for noncompliance with the rules of the Texas Real Estate Commission.

Printed Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

This document is available on the TREC website at [www.trec.texas.gov](http://www.trec.texas.gov)

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) \_\_\_\_\_ (Middle) \_\_\_\_\_

BUSINESS ADDRESS Number, Street and Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

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) \_\_\_\_\_ (Middle) \_\_\_\_\_

BUSINESS ADDRESS Number, Street and Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

11. Persons associated with the CE provider applicant authorized to sign forms:

Printed Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____

12. Persons associated with the CE provider applicant to be deleted as authorized to sign 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