Qualifying Education (QE) Provider
Change of Owner Application

P.O. Box 12188
Austin, Texas 78711-2188

FEE	RECEIPT NUMBER	AMOUNT	MONEY TYPE	App #	File #
Provider Application Fee		$400.00		Entity #	Provider #

DO NOT WRITE ABOVE THIS LINE

1. Provider Information:

Provider Name _____ Provider License # _____

Business Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Website Address _____

Is the applicant approved as a qualifying real estate, ERW or inspector education provider in other states? ☐ **Yes** ☐ **No**

If "Yes", specify which state(s): _____

2. Course Information:

Proposed location(s) of classes:

☐ Classroom Facility ☐ College/University ☐ Conference Center ☐ Distance Education

Source of Curriculum: _____

Source of Curriculum Examples: Subject Matter Experts, Publishers, Paid Course Developers, Staff, Self

Additional persons associated with the applicant authorized to sign education credit forms and certificates:

Name	Signature

3. Operations Manager (Primary Contact) Information:

Name and business address of Operations Manager responsible for day to day operations.
This person must submit a *Principal Information Form* with this application.

Name _____

Business Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

4. Records Manager Information:

In-State Applicants: Indicate name of person responsible for maintaining records and the physical address where the records will be stored.

Out-of-State Applicants: Designate an individual resident of Texas to accept service in your behalf and to act as a custodian of records in this state.

Attach a notarized power of attorney designating a Texas resident as your attorney-in-fact for these purposes.

Name of In-State Records Manager or Attorney-in-Fact

Business Address | City | State | Zip Code

Phone Number | Email Address

5. Business Information:

☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Trade Association

Will the applicant be conducting business under an assumed name? ☐ Yes ☐ No

If "Yes", ***attach a recorded assumed name certificate***.

For Corporations and LLCs:

a) In which state is the corporation or LLC chartered?

b) If the corporation or LLC 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.

c) If the corporation or LLC is chartered in a state other than Texas, ***attach a Certificate of Fact*** from the Texas Secretary of State's Office which is dated not more than thirty (30) days prior to the date of this application.

List the name, title and ownership percentage of each individual owning 10% or more of the provider applicant listed in question #1. ***Attach a Principal Information Form*** for each person listed.

Name	Title	% Ownership

For Trade Associations:

a) What percentage of your membership is made up of real estate, ERW or inspector license holders?

b) Do members pay membership dues to the association?

c) Does your association subscribe to a written code of professional conduct or ethics?

d) Is your board of directors elected by the association members?

Attach a copy of the trade association's formation documents and an IRS letter recognizing the trade association as tax-exempt.

List the current board of directors and when each license term expires.

Attach a Principal Information Form for each person listed**.**

Name	Title	Expiration of Term

6. Background Information:

Has the education provider or its Operations Manager ever had a professional or occupational license in this state or any other state suspended, canceled or revoked, or ever surrendered such a license?	☐ Yes	☐ No
Has the education provider or its Operations Manager ever had an application for a professional or occupational license disapproved in this state or any other state?	☐ Yes	☐ No
Are there any disciplinary hearings or investigations pending against any professional or occupational licenses held by the education provider or its Operations Manager?	☐ Yes	☐ No
Are there any unpaid judgments or any civil suits pending against the education provider or its Operations Manager?	☐ Yes	☐ No
Has the education provider or its Operations Manager ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than traffic tickets.)	☐ Yes	☐ No
Has the education provider or its Operations Manager ever been placed on probation?	☐ Yes	☐ No
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.

7. Items required to complete this application:

a) Business Financial Statement for the provider applicant prepared in accordance with Generally Accepted Accounting Principles (GAAP), which includes:

- ☐ Current Income Statement
- ☐ Current Balance Sheet
- ☐ Proposed Budget for first year of operation
- ☐ Market Survey indicating anticipated first year enrollment
- ☐ Operating Bank Account with funds sufficient to the Commission
- ☐ Sufficient financial resources - Reserve Account with at least $10,000

b) **An original** corporate surety bond or other security acceptable to the Commission in the amount of $20,000.00 payable to the Commission.

- ☐ The original bond is included with this application.

c) Pre-Enrollment Agreement which includes:

- ☐ Tuition
- ☐ Itemized list of fees for supplies, materials or books
- ☐ Attendance Requirements
- ☐ Course Makeup Procedures including time limits and any fees
- ☐ Final Exam Proctoring procedures and fees, if applicable
- ☐ Makeup Final/Re-Exam procedures, fees and time limits
- ☐ Criminal History *(Fitness Determination)* Notice
- ☐ Signatures for Provider and Student
- ☐ Refund Policy including a statement for when a student is dismissed or withdraws

d) A sample of a proposed advertisement. All material or online advertising should satisfy Commission advertising requirements and clearly reflect the provider name, course titles, and number of credit hours. If fees are charged, fees should be displayed in a clear and consistent manner.

- ☐ A sample of proposed advertisement is included with this application.

CERTIFICATION STATEMENT

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, LLC Manager, or General Partner (required)	Signature (required)	Date
Operations Manager Name (required)	Signature (required)	Date