

MAILING ADDRESS:

TEXAS REAL ESTATE COMMISSION
P.O. Box 12188
Austin, Texas 78711-2188
www.trec.texas.gov



OFFICE ADDRESS:

TEXAS REAL ESTATE COMMISSION
1700 N. Congress, Suite 400
Austin, Texas 78701
Telephone: (512) 936-3000

INSTRUCTIONS FOR APPLICATION TO APPROVE/FILE SCHEDULE OF CHARGES

These instructions apply to all residential service company license holders or applicants requesting revisions or implementation of a new schedule of charges (rates).

- ◆ All information on the form must be provided. Do not leave any blanks.
- ◆ All supporting documentation must be clearly identified and numbered to correspond to the question to which it refers.
- ◆ On item 3, enter the date that you propose to implement the schedule of charges. If approval is required, please allow at least 30 days for the Commission to review and provide a response to the information.
- ◆ Each proposed schedule of charges must be submitted with its own Application to Approve/File Schedule of Charges form and fee.
- ◆ The application will be rejected if you do not submit all required information and documentation with the application.

PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.**
- (2) Under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information.**
- (3) Under Section 559.004 of the Government Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.**



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APPLICATION TO:
APPROVE/FILE SCHEDULE OF CHARGES

FEE	REGISTER NUMBER	REVENUE CODE	AMOUNT	LICENSE NUMBER
RSC SCHEDULE OF CHARGES		30	\$250	

THIS AREA FOR TREC USE ONLY

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK

1. Company Contact information:

NAME OF COMPANY: _____

LICENSE NUMBER: _____

ADDRESS: _____

Contact information for person preparing application:

NAME: _____

TITLE: _____

DATE: _____

TELEPHONE/FAX: _____

EMAIL: _____

2. This is a request for approval of the enclosed (check only one):

☐ new schedule of charges

☐ revised schedule of charges

Form name or number of corresponding contract: _____

This document is available on the TREC website at www.trec.texas.gov

3. We propose to use or implement the enclosed schedule of charges on
(specify date): _____

4. The applicant does ☐ does not ☐ carry a reimbursement insurance policy.

New Schedule of Charges

5. Companies that carry a reimbursement insurance policy must provide the following:
- a. A copy of the new schedule of charges, including all discounts.
6. Companies that do not carry a reimbursement insurance policy must provide the following:
- a. A copy of the new schedule of charges, including all discounts.
 - b. The justification or rationale for the rates.
 - c. A breakdown of the projected costs (expenses) for the rates and include a profit projection.

Revised Schedule of Charges

7. Companies that carry a reimbursement insurance policy must provide the following:
- a. A copy of the new schedule of charges, including all discounts.
 - b. A red-lined or marked-up copy of the schedule of charges that demonstrates what rates and discounts are being revised.
8. Companies that do not carry a reimbursement insurance policy must provide the following:
- a. A copy of the new schedule of charges, including all discounts.
 - b. A red-lined or marked-up copy of the schedule of charges that demonstrates what rates and discounts are being revised.
 - c. The justification or rational for the revisions to the schedule of charges.
 - d. A "then"and "now" breakdown of the projected costs (expenses) for the old and revised rates. You must include a profit projection for the new rates as well as the profits earned for the currently approved rates.