

# BOARD OF TAX PROFESSIONAL EXAMINERS

## *SPONSOR AGREEMENT*

Agency:	
Point of Contact Name:	Title:
Address:	City, State Zip
Phone (Voice)	(Fax)

Agency will act as a     **primary**     /     **secondary**     sponsor  
(Circle one)

The sponsor will:

1. Have and expend resources adequate to ensure compliance with board rules, board education standards and procedures and applicable state law.
2. Comply with board content outlines; board Rule Chapter 624 - Education, and board Property Tax Education Standards and Procedures.
3. Employ only instructors approved by BTPE.
4. Self-evaluate course presentation, instructor performance and examination; and assist the board in evaluating content outlines, courses and instructors.
5. Open enrollment to all persons who apply to register in a course.
6. Submit Course Completion Rosters via Primary Sponsor to the BTPE within 15 days of course completion.

I affirm that the sponsor (Agency) named above will comply with this agreement.

Signature of Agency Contact	Date
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Sponsor status assigned on: \_\_\_\_\_  
Date

For the Board of Tax Professional Examiners	Date
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# BOARD OF TAX PROFESSIONAL EXAMINERS

## *COURSE PRESENTATION AGREEMENT*

Primary Sponsor's Name:	
Point of Contact Name:	Title:
Address:	City, State Zip
Phone (Voice)	(Fax)

Secondary Sponsor's Name:	
Point of Contact Name:	Title:
Address:	City, State Zip
Phone (Voice)	(Fax)

The primary sponsor agrees that the secondary sponsor may present the following course or courses. The course or courses have been approved for presentation by the Board of Tax Professional Examiners.

Course	Name

The secondary sponsor will submit a Course Completion Roster via the primary sponsor to BTPE within 15 working days of course completion. Presenting the course includes the use of all course materials. The matter of the reproduction of these materials by the secondary sponsor will be as agreed upon between the parties as stated below.

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For the Primary Sponsor

For the Secondary Sponsor

\_\_\_\_\_  
Signature

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Signature

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Name Typed

\_\_\_\_\_  
Name Typed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

