



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157, Austin, Texas 78711-2157
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www.license.state.tx.us – ce@license.state.tx.us

**PROPERTY TAX PROFESSIONALS CONTINUING EDUCATION
PROVIDER REGISTRATION APPLICATION INSTRUCTIONS**

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED
UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED.**

The application must be completed and signed by the applicant. All information provided must be typed or printed in black ink. This application must be submitted on single-sided, 8½" x 11" paper.

1. **Provider Name** - Enter the official name of the provider. This must be the name used in advertisements.
2. **Previously Assigned Provider Number** - If you have been previously registered as a provider with TDLR, then enter that provider number, if not skip to 3. If the name given in the "provider name" field is the same as the name used before then Check Y in the appropriate box otherwise check N.
3. **Physical Address** - Enter the physical address of the Provider. This address is the actual business location of the provider where all records will be kept for auditing purposes. A post office box is not acceptable for the physical address.
4. **Provider Type** – Make one selection that most closely fits the type of business the provider is engaged in.
5. **Contact Person** - Enter the name for the person responsible for the day to day operations of the provider.
6. **Mailing Address** – Enter the mailing address for the contact person. This address is where the Department will mail all correspondence and may be a post office box.
7. **Telephone and Fax** – Enter the telephone number and fax number for the contact person. Be sure to include the area code.
8. **e-Mail Address** – Enter the e-mail address of the contact person. This address will be part of the key information required to transact business with TDLR. Once approved, a provider will be assigned a Personal Identification Number (PIN) to securely identify the provider. If the PIN is lost or needs to be changed, the e-mail address entered here will be required to change the PIN. The e-mail address will be added to the continuing education email list. This list provides information from the Department on matters affecting continuing education. The Department will also use this e-mail address to inform you of a new "PIN" number, if you should need one. Your e-mail address is confidential pursuant to the Texas Public Information Act. The Department will not share it with the public.
9. **Web Site** – The Department will place your web site address on a web page together with other providers as a way to aid licensees in acquiring continuing education.
10. **Background qualifications** - Provide the Department a brief summary of how you will develop and deliver consistent, quality education. You should be able to demonstrate a commitment to continuous improvement and excellence in continuing education. Your business plan should

include written policies on items such as refunds, inclement weather, instructor “no shows”, insufficient enrollment, etc.

11. **Signature** – This application should be signed by an officer or other authorized party of the provider. Be sure to print the party’s name, sign and date the application.

No provider may advertise as a registered provider unless it is registered by the Texas Department of Licensing and Regulation. All advertising shall follow department requirements as stated in Chapter 59.51(k).

An expiration date will be shown on the provider registration certificate. If a provider’s registration is terminated for any reason, all course approvals for that provider will also terminate.



APPLICATION FOR:

**PROPERTY TAX PROFESSIONALS
 CONTINUING EDUCATION PROVIDER
 REGISTRATION**

PURSUANT TO TITLE 7, OCCUPATIONS CODE, CHAPTER 1152

THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK

Provider Name

Physical Address
 (No PO Boxes)

<input type="text"/>
<input type="text"/>

Provider Type Private Business School College/University Association Government Agency

Contact Person

Mailing Address

<input type="text"/>
<input type="text"/>

Telephone

Fax

e-Mail Address

Web Site

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

BACKGROUND/QUALIFICATIONS (SEE INSTRUCTIONS)

- A brief description of your capability in development and instruction of continuing education courses.
- A business plan with clearly defined purposes.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Occupations Code, Chapter 1151, Property Tax Professionals; the administrative rules (Texas Administrative Code, Chapter 624); the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation (Texas Administrative Code, Chapters 59 and 60). I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Printed Name

Signature

Date