



Continuing Education (CE) Provider Application Supplement

Use this form to report changes for an approved CE Provider
Email completed form to education@trec.texas.gov

Provider Name

Provider License Number

1. Provider Contact Information:

Business Telephone Number

Email Address

Web Address

2. Provider Name Change:

New Provider Name

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

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

3. Address Change:

New Business Address

City

State

Zip Code

4. New 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

5. New 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 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

6. Add or Remove Authorized Signers:

Add Persons associated with the CE Provider authorized to sign CE education credit forms:

Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Remove Persons associated with the CE Provider authorized to sign CE education credit forms:

Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 I understand that approval to be an education provider may be withdrawn for noncompliance with the Real Estate License Act or the Rules of the Texas Real Estate Commission.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