



QE Provider Annual Fee Application

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

FEE	RECEIPT NUMBER	AMOUNT	MONEY TYPE	App #	File #
Application Processing Fee		\$200.00		Entity #	Provider #

DO NOT WRITE ABOVE THIS LINE

1. Provider Information:

Provider Name _____ Provider Number _____

Address _____ Web Address _____

2. Operations Manager (Primary Contact) Information:

OM Name _____

Email Address _____ Phone Number _____

3. Background Information:

Has the education provider or its Operations Manager ever had a professional or occupational license in this state or any other state disapproved, suspended, canceled or revoked, or ever surrendered such a license? Yes No

Are there any judgements, petitions or liens against the school's programs that involve obtaining or maintaining an occupational license? Yes No

If the answer is Yes to any of the questions, complete the applicable sections of the Background History Form. This form is located on the TREC website at www.trec.texas.gov

4. Persons associated with the provider authorized to sign education credit forms and certificates.

Name:	Signature:
_____	_____
_____	_____
_____	_____
_____	_____

5. Advertising:

Advertising materials used within the last year or screen shots of website content are included with this application.

The information contained here is true and correct. I understand that approval to be an education provider may be withdrawn for noncompliance with the Real Estate License Act or the Rules of the Texas Real Estate Commission.

Operations Manager Name
Signature (required)
Date