

This section applies to trade associations:

12. a) What percentage of your membership is made up of real estate or inspector license holders? _____

b) Do members pay membership dues to the association? _____

c) Does your association subscribe to a written code of professional conduct or ethics? _____

d) Is your board of directors elected by the association members? _____

e) Attach a copy of the trade association's formation documents and an IRS letter recognizing the trade association is tax-exempt.

f) List the trade association officers and when each license term expires.

Name	Title	Expiration of Term
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Proposed location(s) of classes:

Classroom Facility

College/university

Conference Center

Distance Education

14. Source of curriculum _____

15. Explain your refund policy: _____

16. Advertising: Attach a sample of previous or proposed advertising material with this application. All material or online advertising should satisfy Commission advertising requirements and clearly reflect the provider name, the provider license number and any course titles as they have been approved by the Commission. Fees should be displayed in a clear and consistent manner.

17. In-State Applicants: Indicate name of person responsible for maintaining records and the physical address where the records will be stored.

NAME (Last) _____ (First) _____ (Middle) _____

BUSINESS ADDRESS Number, Street and Suite No. _____ City _____ State _____ Zip Code _____

Phone # _____ Email Address _____

18. Out-of-State Applicants: Designate a resident of Texas to accept service in your behalf and to act as a custodian of records in this state. Attach a copy of a power of attorney designating a Texas resident as your attorney-in-fact for these purposes.

Name of Attorney-in-Fact (Last) _____ (First) _____ (Middle) _____

BUSINESS ADDRESS Number, Street and Suite No. _____ City _____ State _____ Zip Code _____

Phone # _____ Email Address _____

19. Name and business address of Operations Manager responsible for day to day operations. This person must submit a Principal Application Form with this application.

NAME (Last) _____ (First) _____ (Middle) _____

BUSINESS ADDRESS Number, Street and Suite No. _____ City _____ State _____ Zip Code _____

Phone # _____ Email Address _____

20. Has the education provider or its Operations Manager ever had a professional or occupational license in this state or any other state suspended, canceled or revoked, or ever surrendered such a license? Yes No
21. Has the education provider or its Operations Manager ever had an application for a professional or occupational license disapproved in this state or any other state? Yes No
22. Are there any disciplinary hearings or investigations pending against any professional or occupational licenses held by the education provider or its Operations Manager? Yes No
23. Are there any unpaid judgments or any civil suits pending against the education provider or its Operations Manager? Yes No
24. Has the education provider or its Operations Manager ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than traffic tickets.) Yes No
25. Has the education provider or its Operations Manager ever been placed on probation? Yes No
26. Are there any criminal charges pending against the education provider or its Operations Manager? Yes No

If the answer is Yes to any of the questions in this section, the Background History Form is required. This form is located on the TREC website at www.trec.texas.gov.

27. Persons associated with the applicant authorized to sign CE forms:

Printed Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____

If additional space is needed, attach a separate sheet of paper.

28. Additional Information: If there is any additional information which you feel may be useful to TREC in making a determination for approval of this application, please include a separate attachment with a detailed explanation.

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	Signature	Date
_____	_____	_____
Operations Manager Name	Signature	Date