

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489
 (800) 500-7074, (512) 475-2200 FAX (512) 475-3506
 Internet Address: www.tdhca.state.tx.us/mh/index.htm

APPLICATION FOR CONTINUING EDUCATION PROVIDER

(Please type or print clearly.)

1. Legal Business Name:	
--------------------------------	--

2. Have you ever been an approved Continuing Education Provider by TDHCA?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates:
--	---

3. Physical Location Address:	City, State, ZIP and County

4. Phone:		Fax:	
------------------	--	-------------	--

5. Mailing Address:	City, State, ZIP and County

6. Email Address:	
--------------------------	--

7. Provide complete list of all instructors (additional instructors may be listed on a separate sheet). Attach biographies and credentials for each instructor.

Legal Name and Title	Mailing Address, City, State and ZIP	Phone

Certification

Continuing Education Provider is subject to revocation, if the Department is **NOT** notified in writing of any changes in the information given on this application or if there is a violation of the law.

Included with this application is a true and correct copy of the course material to be used for said course.

With knowledge of penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents are true and correct.

(Signature of Applicant or President, if incorporated) *(Date)* *(Signature of Secretary, if incorporated)* *(Date)*

Department Use Only

Education: <input type="checkbox"/> Copy of Course Material	Fees: <input type="checkbox"/> \$300.00 Fee	Additional Requirements: <input type="checkbox"/> Biography for each instructor <input type="checkbox"/> Credentials for each instructor <input type="checkbox"/> Schedule of fees to be charged for the course
---	---	---