



APPRAISER CONTINUING EDUCATION (ACE) PROVIDER APPLICATION

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

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
ACE PROVIDER APPLICATION		\$200		

DO NOT WRITE ABOVE THIS LINE

1. Provider Name: _____

2. Business Address: _____

3. Phone Number: _____ **4. Email Address:** _____

5. Website Address: _____

6. Applicant is a: (check all that apply)

4 year college/university
 2 year college
 Trade association
 Business entity
 Sole proprietorship

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

If "Yes", provide a copy of the recorded assumed name certificate or similar document issued for the same purpose.

8. Is the applicant approved as an ACE provider in other states? Yes No

If "Yes", specify which state(s). _____

This section applies to business entities:

9. a) In which state is the business entity chartered? _____

b) If the business entity is chartered in Texas, attach a Franchise Tax Account Status page from the Texas Comptroller's office dated not more than thirty (30) days prior to the date of the application.

c) If the business entity is chartered in a state other than Texas, attach a Certificate of Fact or Filing from the Texas Secretary of State's Office which is dated not more than thirty (30) days prior to the date of this application.

10. List the name, title and ownership percentage of each individual owning 10% or more of the provider applicant listed in question #1. A Principal Application Form for each person listed must be submitted with this application.

Name	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, please attach a separate page to complete your answer.

This section applies to trade associations:

11. a) What percentage of your membership is made up of appraiser license holders? _____

b) Do members pay membership dues to the association?

Yes No

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

Yes No

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

Yes No

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

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

12. Proposed location(s) of classes: Classroom Facility College/University Conference Center Distance Education

13. Source of curriculum: _____

14. Explain your refund policy: _____

15. Advertising: Attach a sample proposed advertising material with this application. All material or online advertising should satisfy Board advertising requirements and clearly reflect the provider name and the provider license number. Fees should be displayed in a clear and consistent manner.

16. 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

17. 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

18. 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

19. 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
20. 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
21. 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
22. Are there any unpaid judgments or any civil suits pending against the education provider or its Operations Manager? Yes No
23. 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
24. Has the education provider or its Operations Manager ever been placed on probation? Yes No
25. Are there any criminal charges pending against the education provider or its Operations Manager? Yes No

If the answer to any of the questions above is YES, the Education Provider Background History Form is required.

26. Persons associated with the applicant authorized to sign ACE forms:

Printed Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____

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

CERTIFICATION STATEMENT

I certify that the information contained herein is true and correct. I authorize the Texas Appraiser Licensing & Certification Board 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 Texas Appraiser Licensing and Certification Act or TALCB Rules.

Name of Owner, Authorized Corporate Officer,
LLC Manager, or General Partner

Signature

Date Signed

Name of Operations Manager

Signature

Date Signed