



Appraiser Continuing Education (ACE) Provider Application Supplement

Use this form to report changes for an approved ACE Provider
Email completed form to education@talcb.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. Change in Ownership:

a) In which state is the corporation or LLC chartered? _____

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

List the name, title and ownership percentage of each individual owning 10% or more of the provider applicant listed in question #1. ***Attach a Principal Information Form*** for each person listed.

Name

Title

% Ownership

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. 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

6. 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

7. Add or Remove Authorized Signers:

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

Name	Signature
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_____	_____
_____	_____
_____	_____

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

Name	Signature
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_____	_____
_____	_____
_____	_____

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 (required)	_____ Signature (required)	_____ Date
_____ Operations Manager Name (required)	_____ Signature (required)	_____ Date