

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

AUCTIONEER CONTINUING EDUCATION COURSE APPROVAL APPLICATION INSTRUCTIONS

Each entity looking to obtain approval for a Auctioneer Continuing Education Course shall provide an application for approval that shall be in compliance with 16 TAC Chapter 67, Texas Occupations Code, Chapters 1802 and all TDLR established guidelines and criteria.

- 1. Provider Name Enter the assumed, legal or DBA name of the provider.
- 2. Provider Number Enter the Provider Number.
- 3. Required Fee \$100.00 All fees are non-refundable.
- 4. Contact Person Name Provide the contact person's name.
- 5. <u>Contact Person Email Address</u> Provide the contact person's email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
- 6. <u>Course Information</u> Enter the required information. All Courses must include topics from the following areas:
 - Law & Rules: Texas Occupations Code 1802 and/or 16 Texas Administrative Code 67
 - Technical Standards: Uniform Commercial Code §2-101-107, Texas Business and Commerce Code §2.328 and the Deceptive Trade Practices-Consumer Protection Act, Chapter 17, Subchapter E, Texas Business and Commerce Code.
 - Ethics or Business Practices
- 7. Statement of Applicant Application must be signed by the owner, officer or other authorized personnel.

SEND YOUR COMPLETED APPLICATION TO:

Texas Department of Licensing and Regulation P.O. Box 12157
Austin. TX 78711-2157

For additional information and questions, please visit the <u>Texas Department of Licensing & Regulation website</u> or reach the <u>Education and Examination division via webform</u> where you can submit your request for assistance and include attachments as needed.

REQUIRED DOCUMENTS

- \$100.00 Application Fee.
- Completed Continuing Education Course approval application.
- Certification Statement for CE Provider Responsibilities.



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1. Provider Name:	2. Provider N	lumber:	3. Required Fee:
			\$100.00
4. Contact Person Name:	5. Contact Pe	erson Email	Address:
6. Course Information:			
Course Title:			
Requested Effective Date:			
Delivery Language:			
□ English □ Spanish □ Vie	etnamese		
Course Delivery Method:			
Classroom Minutes:	Internet/Webinar Minutes:	(total	minutes)
Internet Login:			
Username:	Password		
Laws/Rules			
(Instruction Time – Number of Minutes)	(Effective Date of Law and/or F	Rule and Refe	rence Section)
Technical Standards			
(Instruction Time – Number of Minutes)	(Reference Section)		
Ethics or Business Practices			
(Instruction Time – Number of Minutes)	(Reference Material, Chapters,	Sections and/	 /or Pages)
	•		5 ,
СТ	ATEMENT OF APPLICANT		
l certify that I will comply with all applicable 1802); the Administrative Rules (Texas Adn			
Licensing & Regulation (Texas Occupations	Code, Chapter 51); and the rules of t	he Texas Dep	partment of Licensing
& Regulation (Texas Administrative Code, 0 this application may result in the revocation			
penalties.	Tor the approval Fam requesting and	tile illipositio	in or administrative
Printed Name			
0	Deter		<u> </u>
Signature of Owner, Officer, or Authorized Rep	resentative Date	;	



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CERTIFICATION STATEMENT FOR CE PROVIDER RESPONSIBILITIES

By checking the following boxes and by my signature, I certify that the required documentation will be maintained and made available to the Department upon request. I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51; Tex. Admin. Code, Title 16 Chapter 59. I understand that providing false information on this application may result in revocation of my CE Provider registration and the imposition of administrative penalties.

Place an X in each box:			
☐ Courses will not be offered until approved by the Department.	Courses will not be offered until approved by the Department.		
If my provider registration expires, I will cease from offering all courses.			
All continuing education course material will have appropriate grammar, spelling, punctuation, illustrations and graphics.			
☐ Course advertisements for continuing education courses must include number assigned by the Department.	rse advertisements for continuing education courses must include the CE Provider's number and the course liber assigned by the Department.		
The CE certificate of completion must include the name of course, course number assigned by Department, course completion date, provider name and number, number of hours of continuing education credit, signature of the provider representative and the name, license type and license number of the participant who attended course.			
☐ Course completions will be submitted to the Department using the CE after the course completion date.	Reporting System, no later than seven days		
☐ Course completion records will be maintained for a period of two years	s after completion of a course.		
I understand that an audit may be conducted without prior notice to determine whether we are complying with the requirements of Chapter 59. No fee will be charged to any Department employees or representative and I will cooperate fully with the Department.			
☐ I understand that the Department may not approve a continuing educa on the payment of any unpaid required fees, including record fees or a			
☐ Upon notification by the Department that a provider is past due or not or required fees, including record fees or administrative penalties, a provice continuing education course without department approval.			
For internet courses, a login and password will be provided to the Department access available for one year.	artment for all online courses which will		
Printed Name	CE Provider Number		
Signature of Owner, Officer, or Authorized Representative	Date Signed		