

# Driving Safety Provider- Initial Application Training Guide

-Select link to [Online Licensing Services - TDLR \(texas.gov\)](#) to log into your Online Services account.

**\*If you have not created an Online Licensing Services account, please review the training guide titled “How to Complete Online Licensing Services registration.”**

-Enter your “Username and password” and select “**Sign-In.**”

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Texas Department of Licensing and Regulation

## Online Licensing Services

[Contact Customer Service](#)

**Renew Your License**

Please [login](#) with your existing user ID and password, or [register as a new user](#).

**Apply for a New License**

Please [login](#) with your existing user ID and password, or [register as a new user](#).

**Search the License Database**

Begin your [license search](#) here to verify that a person or business has a current license.

**Change Your Address**

Please [login](#) with your existing user ID and password, or [register as a new user](#).

**Pay Fees**

Please [login](#) with your existing user ID and password, or [register as a new user](#).

**Login or Register**

Username:

Password:

[Register as a New User](#)

[Forgot User ID?](#)  
[Forgot Password](#)

-This will bring you to the “Quick Start Menu.”

-To view the available initial applications, view the “Apply for a New License” section.

**Quick Start Menu**

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

**License Information** [Show Details](#)

Name: TDLR Agency Driving School LLC  
License Number: #C3497  
License Type: Driver Education Provider - Primary

- Complete Certificate Upload**  
Driver Education Provider - Primary #C3497 Upload File of Completed Certificates [Select](#)
- Manage your License Information**  
Driver Education Provider - Primary #C3497 <Choose Application> [Select](#)
- Apply for a New License**  
What are you applying for?  
<Choose Program> [Select](#)  
<Choose Application> [Select](#)
- Additional Activities**  
Add Licenses To Registration [Select](#)

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-The first dropdown is “Choose Program.” You will choose “Driver Education and Safety.”

-The second dropdown is “Choose Application” you will choose “Initial Driving Safety Provider.”

After you choose the program and application, you will click “Select.”

The screenshot shows the TDLR website interface. At the top left is the TDLR logo. The header reads "TEXAS DEPARTMENT OF LICENSING & REGULATION". On the right, it says "Logged in as AGENCY, TDLR" with links for "Update Profile" and "Logout".

The main content area is titled "Quick Start Menu" and includes instructions: "To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration."

There are four main sections in the menu:

- Complete Certificate Upload:** Includes "Driver Education Provider - Primary #C3497" with an "Upload File of Completed Certificates" button and a "Select" button.
- Manage your License Information:** Includes "Driver Education Provider - Primary #C3497" with a dropdown menu set to "<Choose Application>" and a "Select" button.
- Apply for a New License:** Includes "What are you applying for?" with two dropdown menus. The first is set to "Driver Education and Safety" and the second is set to "Driving Safety Provider: Initial Driving Safety Provider". A red box highlights the "Select" button next to the second dropdown.
- Additional Activities:** Includes "Add Licenses To Registration" with a "Select" button.

On the right side, there is a "License Information" box with a "Show Details" button. It displays:  
Name: TDLR Agency Driving School LLC  
License Number: #C3497  
License Type: Driver Education Provider - Primary

At the bottom, there is a footer with the text: "Department of Licensing and Regulation. The Texas Department of Licensing and Regulation certifies that it maintains the information for the license verification function of this website, performs daily updates to the information, and considers the website to be a secure, primary source for license verification. Last Updated Jan 01, 2017".

-You are now in the “**Driving Safety Provider Application Introduction**” screen. Please carefully read the instructions prior to proceeding.

-Once you have read the instructions, select “**Next.**”

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[Update Profile](#) | [Logoff](#)

Introduction

**Function Suitability**

Application Questions

**Name and Organizational Details**

Contact Information

Website URL

Ownership

Bond Information

Certificate Specifications

Attachments

Application Summary

**Driving Safety Provider: Initial Driving Safety Provider - Introduction**

Welcome to the Texas Department of Licensing and Regulation online application for new Driving Safety Providers. This application is *not* for Driver Education Provider - Primary licensure.

The following must be submitted along with this application, and approved prior to a license being issued:

- \$500.00 Course Provider Application Fee
- Original Course Provider [Bond](#) or Alternate Form of Security (See [Education Code 1001.209](#))
- Course Provider Educational and Experience Requirements
- Assumed Name Registration (must provide registration documents from the Secretary of State)

If you have assumed control of a Driving Safety Provider business, you must attach the legal document that confirms the change in ownership.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

**PRIVACY NOTIFICATION** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdlr.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023, 559.003 and 559.004)

[Next](#) [Cancel](#)

[Department of Licensing and Regulation](#)

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Last Updated Jan 01, 2017

-You are now in the “**Function Suitability**” screen. You will need to answer all three questions. If you answer “**No**” to all questions, you have confirmed that you are in the correct application and may proceed.

-If you answer “**Yes**” to at least one question, please cancel this application and return to the quick start menu to find the appropriate application that applies to your needs.

-Once you have answered all the questions, select “**Next.**”

Introduction

Function Suitability

Application Questions

Name and Organizational Details

Contact Information

Website URL

Ownership

Bond Information

Certificate Specifications

Attachments

Application Summary

Driving Safety Provider: Initial Driving Safety Provider - Function Suitability

Answer the questions and press "Next".

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you applying for a Driving Education Provider license?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Previous **Next** Cancel

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-In the “**Application Questions**” screen, you will need to answer the question “**Have you assumed control of a Driving Safety Provider business?.**”

-If you have not assumed control of an established Driving Safety Provider business, you will answer “**No.**”

-You would only answer “**Yes**” to this question if you assumed control of a Driving Safety Provider business in the event of a “Change of Ownership.” Please view Chapter [§84.2\(6\)](#) for the definition of Change of Ownership.

-Once you indicated your answer, select “**Next.**”

The screenshot displays the TDLR application interface. At the top, the TDLR logo and the text 'TEXAS DEPARTMENT OF LICENSING & REGULATION' are visible. Below this, the user is logged in as 'AGENCY, TDLR' with links for 'Update Profile' and 'Logoff'. The main content area is titled 'Driving Safety Provider: Initial Driving Safety Provider - Application Questions'. It includes instructions: 'Answer the questions and press "Next" to continue.', 'Press "Previous" to return to the previous section.', and 'Press "Cancel" to cancel this application and return to the main menu.'. The current question is 'Have you assumed control of a Driving Safety Provider business?'. A dropdown menu is set to 'No'. Navigation buttons 'Previous', 'Next', and 'Cancel' are present, with 'Next' highlighted by a red box. A sidebar on the left lists application sections: Introduction, Function Suitability, Application Questions (selected), Name and Organizational Details, Contact Information, Website URL, Ownership, Bond Information, Certificate Specifications, Attachments, and Application Summary. At the bottom, there is a disclaimer from the Department of Licensing and Regulation and a date 'Last Updated Jan 01, 2017'.

-In the “Name and Organizational Details” Screen, you will need to complete all required fields.

Under “Tax Number Type” you have the option to choose “Federal Employer Identification Number (FEIN)” or “Social Security Number (SSN).” The Tax Number Type must be nine digits without hyphens.

\* Organization Name:

Doing Business As Name:

\* Tax Number Type:

\* Tax Number:

\* Confirm Tax Number:

-Once you have completed this screen, select “Next.”

**Please keep in mind:** If you are not sure how to fill out this screen, please review next page that provides useful information regarding Types of Ownership and Doing Business as Names.\*

**TDLR** TEXAS DEPARTMENT OF LICENSING & REGULATION

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Introduction  
Function Suitability  
Application Questions

**Name and Organizational Details**

**Contact Information**  
Website URL  
Ownership  
Bond Information  
Certificate Specifications  
Attachments  
Application Summary

Driving Safety Provider: Initial Driving Safety Provider - Name and Organizational Details

Please enter your organizational details and press "Next" to continue.  
Press "Previous" to return to the previous section.  
Press "Cancel" to cancel this application and return to the main menu.

\* Organization Name:

Doing Business As Name:

\* Tax Number Type:

\* Tax Number:

\* Confirm Tax Number:

\* Select Organization Type:

- 501c3 (Tax Exempt)
- Associates
- City Health Department
- Corporation
- County Health Department
- DBA
- Fire Dept / EMS
- Government
- Hospital
- Hospital Authority
- Hospital District
- LLC
- LLP
- LP
- LTD
- Partnership
- Partnership Unincorporated
- Sole Owner/Proprietorship
- Unincorporated Association
- University / College

[Previous](#) **[Next](#)** [Cancel](#)

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Last Updated Jan 01, 2017

**\*Useful information:**

**TYPE OF OWNERSHIP** – Choose the option that indicates how your business is organized. You can find a description of the various types of business structures at [www.sos.state.tx.us/corp/businessstructure.shtml](http://www.sos.state.tx.us/corp/businessstructure.shtml)

**DBA – DOING BUSINESS AS NAME (if applicable)** – Write the full DBA name for your business. What is a “Doing Business As” name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation. It is important to note that when you form a business, the legal name of the business defaults to the name of the person or entity that owns the business, unless you choose to rename it and register it as a DBA name. For example, consider this that John Smith sets up a painting business. Rather than operate under his own name, John Smith, he chooses to name his business “John Smith Painting.” This name is considered an assumed name and John will need to register the name with the appropriate local government agency. Do I need a DBA name? A DBA name is needed in the following scenarios: • Sole Proprietors or Partnerships: If you wish to start a business under any name other than your legal name, you will need to register the DBA to do business as another name. • Existing Corporations or LLCs: If your business is already set up and registered to do business under a name other than the existing corporation or LLC name, the DBA name will need to be registered.

**NAME AND ADVERTISING** – A licensed driver training provider must not conduct business or advertise under a name that is not distinguishable from a name used by any other licensed driver training provide, or tax-supported educational establishment in this state, unless specifically approved in writing by the department. Please view [Chapter 84.80](#) for the rule that explains Name and Advertising



-In the “**Contact Information**” screen, you will need to complete all required fields.

The required address types include: **Main Address, Mailing Address, Contact Person and Physical Address.**

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[Update Profile](#) | [Logout](#)

**Introduction**  
**Function Suitability**  
**Application Questions**  
**Name and Organizational Details**  
**Contact Information**  
**Website URL**  
**Ownership**  
**Bond Information**  
**Certificate Specifications**  
**Attachments**  
**Application Summary**

Driving Safety Provider: Initial Driving Safety Provider - Contact Information

**Main Address** - Enter the main address of the business. This address may be different or the same as the physical address of the classroom.

**School Mailing Address** - Enter the school's mailing address, phone number, and email address. This address is where the Department will mail all correspondence and may be a post office box.

**Contact Person** - Provider the individual(s) identified as the point person for the Provider license. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. You email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.

**Physical Address** - The physical address of the school. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.

Press "Previous" to return to previous page.  
Press "Next" to go to next page.  
Press "Cancel" to Cancel application and go back to Quick Start Menu.  
If Return to Summary Button is available, press "Return to Summary" to return to the summary.  
If Delete Button is available, press "Delete" to delete the address.  
If Copy Button is available, press "Copy" to copy a previously entered address.  
Press "Zip Lookup" after entering the zip code to populate the U.S. city, state and county.  
Select an address type and press "Add" to add a new address.

Main Address

Street Number:

\* Street Name:

Address (conf'd):

\* Zip Code:  [Zip Lookup](#)

\* City:

\* State:

County:

\* Country:

\* Phone Number:  999-999-9999

Extension:

\* E-mail:

**Please note:** After you enter your first address, you may use the “**Copy**” button if the same address needs to be entered for different address types.

Mailing Address

Copy From:  [Copy](#)

Street Number:

**Note:** If your Physical Address is not located within Texas, you must identify the name and address of your Registered Agent within the State of Texas.

### Add Another Contact

Contact Type:

If your Physical Address is not located within Texas, you must identify the name and address of your Registered Agent within the State of Texas.

Registered Agent  
Secondary Contact

-After you have completed the address page, select “Next.”

Physical Address

Copy From:

Street Number:

\* Street Name:

Address (cont'd):

\* Zip Code:

\* City:

\* State:

County:

\* Country:

\* Phone Number:  999-999-9999

Extension:

\* E-mail:

Add Another Contact

Contact Type:

If your Physical Address is not located within Texas, you must identify the name and address of your Registered Agent within the State of Texas.

-The addresses entered will then be validated against the United States Postal Service (USPS) database. If the address suggested is correct, choose “Select” for each.

If Copy Button is available, press "Copy" to copy a previously entered address.

Please select an option for each address type.

**Main Address**  
Similar mailing addresses found. Select from list of validated mailing addresses

AddrLine1	City	State	Zip	
920 Colorado St	AUSTIN	TX	78701-2332	<input checked="" type="radio"/> Select <input type="radio"/> Keep Original

**Mailing Address**  
Similar mailing addresses found. Select from list of validated mailing addresses

AddrLine1	City	State	Zip	
920 Colorado St	AUSTIN	TX	78701-2332	<input checked="" type="radio"/> Select <input type="radio"/> Keep Original

**Physical Address**  
Similar mailing addresses found. Select from list of validated mailing addresses

Phone Number: 999-999-9999

-Once completed, select “Ok.”

920 Colorado St AUSTIN TX 78701-2332  Select  
 Keep Original

**Physical Address**  
Similar mailing addresses found. Select from list of validated mailing addresses

AddrLine1	City	State	Zip	
920 Colorado St	AUSTIN	TX	78701-2332	<input checked="" type="radio"/> Select <input type="radio"/> Keep Original

**Primary Contact**  
Similar mailing addresses found. Select from list of validated mailing addresses

AddrLine1	City	State	Zip	
920 Colorado St	AUSTIN	TX	78701-2332	<input checked="" type="radio"/> Select <input type="radio"/> Keep Original

**OK** **Cancel**

Copy From:  **Copy**

Street Number: 920

-In the “Website URL” screen you have the option to “Add Website URL.”

-If your business has a website, you will select “Add.”

-If you have entered or do not have a website to enter, you will select “Next.”

-In the “**Ownership Information**” screen, you will enter all owners associated with this business.

Under “**Type of Owner**” you may choose “**Individual**” or “**Organization.**”

**Driving Safety Provider: Initial Driving Safety Provider - Ownership**

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Owner **Add**

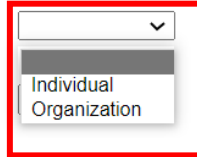
**Owner**

For initial applications, enter the required name and contact information of individuals or organizations that have ownership in the business.

For post-application processes, update address information, Ownership Percentage or End Date if changes have occurred.

\* Type of Owner:

Tax Number: ⓘ



A screenshot of a web application form. The form has a section titled "Owner" with a blue header. Below the header, there are two paragraphs of text. The first paragraph says "For initial applications, enter the required name and contact information of individuals or organizations that have ownership in the business." The second paragraph says "For post-application processes, update address information, Ownership Percentage or End Date if changes have occurred." Below the text, there are two fields. The first field is labeled "\* Type of Owner:" and has a dropdown menu. The dropdown menu is open, showing two options: "Individual" and "Organization". A red rectangular box highlights the dropdown menu. The second field is labeled "Tax Number:" and has a blue information icon (a circle with an 'i') next to it.

-If there are multiple owners, you will need to “Add Owner.”

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Update Profile | Logoff

Introduction  
Function Suitability  
Application Questions  
Name and Organizational Details  
Contact Information  
Website URL

Ownership  
Bond Information  
Certificate Specifications  
Attachments  
Application Summary

Driving Safety Provider: Initial Driving Safety Provider - Ownership  
Press "Previous" to return to previous page.  
Press "Next" to go to next page.  
Press "Cancel" to Cancel application and go back to Quick Start Menu.  
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.  
If Save Button is available. Press "Save" to save the information and return to the summary.

**Add Owner** **Add**

**Owner**

For initial applications, enter the required name and contact information of individuals or organizations that have ownership in the business.  
For post-application processes, update address information, Ownership Percentage or End Date if changes have occurred.

\* Type of Owner: Organization

Organization/Business Name: TDLR Agency Driving School LLC

Tax Number: 77777777

Tax Number Type:  FEIN  SSN

\* Address Line 1: 920

Address Line 2: Colorado St

\* City: Austin

State: Texas

\* ZIP Code: 78701

\* Phone Number: 999-999-9999

\* Email Address: EE.Pleasedonotreply@tdlr.texas.gov

\* Ownership Percentage: 100

\* Start Date: 05/25/2023 (mm/dd/yyyy)

Previous Next Cancel


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Last Updated Jan 01, 2017

**Note:** As a first-time user for this application, the “Tax number” and “Tax Number Type” are required fields for all owners listed.

### Useful information:

**TYPE OF OWNERSHIP** – You can find a description of the various types of business structures at [www.sos.state.tx.us/corp/businessstructure.shtml](http://www.sos.state.tx.us/corp/businessstructure.shtml) If the business is a sole proprietorship or partnership, write your name, social security number, date of birth, mailing address and other requested information in the space provided. This information is required.

-Once you have entered the ownership information, select “Next.”

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[Update Profile](#) | [Logoff](#)

---

- Introduction
- Function Suitability
- Application Questions
- Name and Organizational Details
- Contact Information
- Website URL
- Ownership**
- Bond Information
- Certificate Specifications
- Attachments
- Application Summary

**Driving Safety Provider: Initial Driving Safety Provider - Ownership**

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

**Add Owner** [Add](#)

**Owner**

For initial applications, enter the required name and contact information of individuals or organizations that have ownership in the business.

For post-application processes, update address information, Ownership Percentage or End Date if changes have occurred.

Type of Owner:

Organization/Business Name:

Tax Number:

Tax Number Type:  FEIN  SSN

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

Phone Number:

Email Address:

Ownership Percentage:

Start Date:  (mm/dd/yyyy)

[Previous](#) [Next](#) [Cancel](#)

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Last Updated Jan 01, 2017

-In the “**Bond Information**” screen, you will provide the information from your Original Bond.

The original document must be submitted with this application. Click [here](#) for the bond template. The minimum amount for the security device is \$10,000.00.

-Once completed, you will select “**Next.**”

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TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as AGENCY, TDLR  
[Update Profile](#) | [Logoff](#)

Introduction  
Function Suitability  
Application Questions  
Name and Organizational Details  
Contact Information  
Website URL  
Ownership  
Bond Information  
Certificate Specifications  
Attachments  
Application Summary

Driving Safety Provider: Initial Driving Safety Provider - Bond Information  
Press "Previous" to return to previous page.  
Press "Next" to go to next page.  
Press "Cancel" to Cancel application and go back to Quick Start Menu.  
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.  
If Save Button is available. Press "Save" to save the information and return to the summary.

Add Bond Information [Add](#)

**Bond Information**

You must identify a security device or devices for the amount of \$10,000.00

\* Type:

Bond Number:

\* Effective Date:  (mm/dd/yyyy)

\* Expiration Date:  (mm/dd/yyyy)

\* Bond Amount:

Amount must be formatted as \$99,999.99

Bond Issuer:

[Previous](#) [Next](#) [Cancel](#)

[Department of Licensing and Regulation](#)  
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Last Updated Jan 01, 2017



-You are now in the “**Certificate Specifications**” screen.

-Driving Safety Providers must create a Driving Safety Certificate of Completion template based off the certificate specifications provided by TDLR. If you need these specifications, you must answer “**Yes**” to the first question and the specifications will be sent to you.

Once completed, select “**Next.**”

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TEXAS DEPARTMENT OF LICENSING & REGULATION

TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as AGENCY, TDLR  
[Update Profile](#) | [Logoff](#)

Introduction  
Function Suitability  
Application Questions  
Name and Organizational Details  
Contact Information  
Website URL  
Ownership  
Bond Information  
Certificate Specifications  
Attachments  
Application Summary

Driving Safety Provider: Initial Driving Safety Provider - Certificate Specifications

Press "Previous" to return to previous page.  
Press "Next" to go to next page.  
Press "Cancel" to Cancel application and go back to Quick Start Menu.  
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.  
If Save Button is available. Press "Save" to save the information and return to the summary.

**Digital Certificate Specification Request**

\* Are you requesting the electronic specification document from TDLR?  No  Yes

\* Are you requesting approval of your digital certificate specifications?  No  Yes

[Previous](#) [Next](#) [Cancel](#)

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Last Updated Jan 01, 2017

-In the “Attachments” screen, you will attach all required documents.

**Note:** Please carefully read the required documents instructions. The application will not be approved if the documents listed are not attached and submitted.

-In order to add an attachment, you will select “Choose File.”

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Logged in as AGENCY, TDLR  
[Update Profile](#) | [Logout](#)

Introduction  
Function Suitability  
Application Questions  
Name and Organizational Details  
Contact Information  
Website URL  
Ownership  
Bond Information  
Certificate Specifications  
Attachments  
Application Summary

Driving Safety Provider: Initial Driving Safety Provider - Attachments

Along with this application, the following **must** be submitted and approved prior to a license being issued:

- Original Course Provider [Bond](#) or Alternate Form of Security (See [Education Code 1001.209](#))
- Course Provider Educational and Experience Requirements (Provide link to form)
- Assumed Name Registration (must provide registration documents from the Secretary of State)

If you have assumed control of a Driver Safety Provider business, you must attach the legal document that confirms the change in ownership.

Locate a file with the "Choose File" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

File Name:  No file chosen

Notes:

**To upload a document, use the "Choose File" button to locate the document on your computer. Once you find the document(s) you want to add, press "Attach" for each one.**


For applications requiring an official transcript from your university or college, please use [cs.transcript@tdlr.texas.gov](mailto:cs.transcript@tdlr.texas.gov) when ordering from your university's transcript ordering service provider.

**Press "Next" when you have no more documents to attach.**

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Last Updated Jan 01, 2017

-Once you chose your file, you must select “Attach.”

**Important: If you do not attach the document, it will not save to your application.**



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[Update Profile](#) | [Logout](#)

### Driving Safety Provider: Initial Driving Safety Provider - Attachments

Along with this application, the following **must** be submitted and approved prior to a license being issued:

- Original Course Provider [Bond](#) or Alternate Form of Security (See [Education Code 1001.209](#))
- Course Provider Educational and Experience Requirements (Provide link to form)
- Assumed Name Registration (must provide registration documents from the Secretary of State)

If you have assumed control of a Driver Safety Provider business, you must attach the legal document that confirms the change in ownership.

Locate a file with the "Choose File" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

File Name:  Sample Doc...ent-Bond.pdf

Notes:

**To upload a document, use the "Choose File" button to locate the document on your computer. Once you find the document(s) you want to add, press "Attach" for each one.**

For applications requiring an official transcript from your university or college, please use [transcript@tdlr.texas.gov](mailto:transcript@tdlr.texas.gov) when ordering from your university's transcript ordering service provider.


**Press "Next" when you have no more documents to attach.**

[Department of Licensing and Regulation](#)

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-Verify that your documents are attached and select “Next.”



TEXAS DEPARTMENT OF LICENSING & REGULATION

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### Driving Safety Provider: Initial Driving Safety Provider - Attachments

Along with this application, the following **must** be submitted and approved prior to a license being issued:

- Original Course Provider [Bond](#) or Alternate Form of Security (See [Education Code 1001.209](#))
- Course Provider Educational and Experience Requirements (Provide link to form)
- Assumed Name Registration (must provide registration documents from the Secretary of State)

If you have assumed control of a Driver Safety Provider business, you must attach the legal document that confirms the change in ownership.

Locate a file with the "Choose File" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

Files Uploaded	
Sample Document-Bond.pdf	<a href="#">View</a> <a href="#">Remove</a>
Sample Document-Assumed Name.pdf	<a href="#">View</a> <a href="#">Remove</a>

Total Size of Attached Files: 250881

File Name:  No file chosen

Notes:

**To upload a document, use the "Choose File" button to locate the document on your computer. Once you find the document(s) you want to add, press "Attach" for each one.**

For applications requiring an official transcript from your university or college, please use [cs.transcript@tdlr.texas.gov](mailto:cs.transcript@tdlr.texas.gov) when ordering from your university's transcript ordering service provider.

**Press "Next" when you have no more documents to attach.**

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-On the “**Application Summary**” screen, review the data you entered and verify that it is correct.

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**Introduction**  
Driving Safety Provider: Initial Driving Safety Provider - Application Summary  
Review the data and press "Submit" to submit this application.  
Press "Previous" to return to the previous section.  
Press "Cancel" to cancel this application and return to the main menu.

**Application**  
License Type: Driving Safety Provider Application Date: 05/27/2023

**Application Questions**  
Have you assumed control of a Driving Safety Provider business? No [Edit](#)

**Organization Detail:**  
Organization Name: TDLR Agency Driving School LLC [Edit](#)  
Doing Business Tax Number  
As Name: TDLR Agency Driving School Type: FEIN  
Tax Number: \*\*\*\*\* Entity Type: LLC

-Once you have verified your information select “**Submit.**”

**Bond Information** [Edit](#)

Type: Bond  
Bond Number: 5555555  
Effective Date: (mm/dd/yyyy) 05/23/2023  
Expiration Date: (mm/dd/yyyy) 05/23/2024  
Bond Amount: \$10,000.00  
Bond Issuer: Hartford Casualty Insurance

**Digital Certificate Specification Request** [Edit](#)

Are you requesting the electronic specification document from TDLR? Yes  
Are you requesting approval of your digital certificate specifications? No

**Attachments** [Edit](#)

File Name: Sample Document-Bond.pdf  
Notes:  
File Name: Sample Document-Assumed Name.pdf  
Notes:

[Previous](#) [Submit](#) [Cancel](#)

-On the “**Attestation**” screen, answer “**Yes**” and select “**Submit**.”

After submission, you will receive a copy of your “**Application Summary**” in your Online Services account email.

-You will now see the “**Fee and Summary Report**” screen\*.

\*Fees shown in illustration may not reflect the fee you are required to pay.

-Select “**Pay Now**” to continue to the payment screen.

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### Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.  
You are required to pay the amount below for your application to be processed.  
Press "Pay Now" to proceed to the fee payment page.

Fees	
Driver Safety Course Provider Application Fee:	\$500.00
Driving Safety Provider - Subscription Fee:	\$15.00
<b>Total Amount Due:</b>	<b>\$515.00</b>

[Pay Now](#) [View PDF Summary Report](#)

On the “**Online Application Payment**” screen, choose your payment method: Credit Card or Electronic Check.

-Once completed, select “**Next.**”

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### Online Application Payment

Select the applications you wish to pay for and press "Next" to continue

Press "Main Menu" to return to the main menu

Application Number	Description	License Number	License Type	Applicant Name	Fee
25	Driving Safety Provider: Initial Driving Safety Provider		Driving Safety Provider	TDLR AGENCY DRIVING SCHOOL LLC	\$515.00 <input checked="" type="checkbox"/>

Payment Method  
 Credit Card  
 Electronic Check

[Next](#) [Show Fee Details](#) [Main Menu](#)

-Verify that your payment is correct and select “Next.”

**TEXAS DEPARTMENT OF LICENSING & REGULATION**

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**Confirm Payment Details**  
If more than one payment method is listed, first select payment method and then press "Next" to pay for these applications.  
Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
25	Driving Safety Provider: Initial Driving Safety Provider		Driving Safety Provider	TDLR AGENCY DRIVING SCHOOL LLC	\$515.00
Total					\$515.00

Payment Method:      Credit Card

---

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-Fill out all required fields and select “Next.”

**1** Payment Type **2** Customer Info **3** Payment **4** Submit Payment

### Payment

Payment Type ✓

**Credit/Debit Card**

Customer Information Complete all required fields [ \* ]

Country \*  
United States ✓

First Name \* TDLR ✓ Last Name \* AGENCY ✓

Address \* 920 ✓

Address 2 Colorado St ✓

City \* Austin ✓ State \* TX - Texas ✓

ZIP/Postal Code \* 78701 ✓

Phone Number \* 999-999-9999 ✓

Email \* EE.Pleasedonoreply@tdlr.texas.gov ✓

**Next >**

Cancel


### Transaction Summary

TDLR Health Professional	\$515.00
Texas.gov Price	\$515.00

### Need Help?

Please complete the Customer Information Section

-Fill out all required fields and select “Next.”

TEXAS DEPARTMENT OF LICENSING & REGULATION

1 Payment Type2 Customer Info3 Payment4 Submit Payment

### Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

**Address**  
TDLR AGENCY  
920  
Colorado St  
Austin, TX 78701

**Phone Number**  
999-999-9999

**Country**  
United States

**Email Address**  
EE.Pleasedonotreply@tdlr.texas.gov

[Edit](#)

Payment Information





Complete all required fields [ \* ]

**Credit Card Number \***

[REDACTED]

✓

**Credit Card Type**

 MasterCard VISA DISCOVER American Express

**Expiration Month \***

[REDACTED]

✓

**Expiration Year \***

[REDACTED]

✓

**Security Code \***

[REDACTED]

**Name on Credit Card \***

TDLR Agency

✓

Payment Address is the same as Customer Information \*

Next >

Cancel


#### Transaction Summary

TDLR Health Professional	\$515.00
<b>Texas.gov Price</b>	<b>\$515.00</b>

#### Need Help?

You are paying by credit/debit card. Complete Customer Billing Information and enter Card Information. \*\*\*\*\* Please ensure Payment Address ZIP code matches your card billing address ZIP code, or your payment will be declined. \*\*\*\*\*

-Complete the “I’m not a robot” section and select “Submit Payment.”

 TEXAS DEPARTMENT OF LICENSING & REGULATION

1 Payment Type2 Customer Info3 Payment4 Submit Payment

### Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓ Edit


<p><b>Address</b> TDLR AGENCY 920 Colorado St Austin, TX 78701</p>	<p><b>Phone Number</b> 999-999-9999</p>
<p><b>Country</b> United States</p>	<p><b>Email Address</b> EE.Pleasedonotreply@tdlr.texas.gov</p>

Payment Information ✓ Edit

<p><b>Credit Card</b> [REDACTED]</p>	<p><b>Name on Credit Card</b> TDLR Agency</p>
--	---

Verification

✓ I'm not a robot



reCAPTCHA  
Privacy - Terms

CancelSubmit Payment

### Transaction Summary

TDLR Health Professional	\$515.00
Texas.gov Price	\$515.00

### Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.

-Once you see the “**Online Application Payment Success**” select “**Next**” to return to the quick start menu.

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as AGENCY, TDLR  
[Update Profile](#) | [Logout](#)

**Online Application Payment Success**  
Press "Next" to return to the Main Menu.  
Press "View PDF Summary" and print this page for your records using the print function of your browser.

Thank you. Your online payment was processed successfully. Please print this page or record the authorization and trace numbers for future reference.

Amount Paid: \$515.00  
Authorization Number: [REDACTED]  
Trace Number: [REDACTED]

Application Number	Description	Applicant Name	Fee
3003-25	Driving Safety Provider: Initial Driving Safety Provider	TDLR Agency Driving School LLC	\$515.00

[Next](#) [View PDF Online Payment Summary Report](#)

-You will receive a “**Payment Receipt Confirmation**” in your online services account email box.

Texas.gov TDLR Health Receipt

noreply@tdlr.texas.gov  
To [REDACTED]  
Retention Policy TDLR - 1 Year Delete (1 year)  
[If there are problems with how this message is displayed, click here to view it in a web browser.](#)

← Reply   ← Reply All   → Forward  

**Payment Receipt Confirmation**  
Your payment was successfully processed. You may print this receipt page for your records by selecting Print. To complete the transaction, you MUST click Continue to return to the TDLR web site.

**Transaction Summary**

Description	Amount
TDLR Health Professional	\$515.00
Texas.gov Price	\$515.00

**Customer Information**  
Customer Name: TDLR AGENCY  
Local Reference ID: [REDACTED]  
Receipt Date: [REDACTED]  
Receipt Time: [REDACTED]

**Payment Information**  
Payment Type: Credit Card  
Credit Card Type: [REDACTED]  
Credit Card Number: [REDACTED]  
Order ID: [REDACTED]  
Billing Name: TDLR Agency

**Note:** The Education and Examination Division has received your provider application. All applications are processed in the order received. Once an Accreditation Specialist is assigned to review your application, the Specialist will reach out to you to inform you of the status of your application.

Once the review begins, you may receive emails informing you of any deficiencies found during the review process. Please keep in mind all deficiencies must be resolved prior to license approval.

**-Back on the “Quick Start Menu” you can check “View Application Status.”**

**Quick Start Menu**

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

**License Information** [Show Details](#)

Name: TDLR Agency Driving School LLC  
License Number: #C3497  
License Type: Driver Education Provider - Primary

- Complete Certificate Upload**  
Driver Education Provider - Primary #C3497 Upload File of Completed Certificates [Select](#)
- Manage your License Information**  
Driver Education Provider - Primary #C3497 <Choose Application> [Select](#)
- Apply for a New License**  
What are you applying for?  
<Choose Program> [Select](#)  
<Choose Application> [Select](#)
- View Application Status**  
Driver Education and Safety - Driving Safety Provider: Initial Driving Safety Provider Status: Open [Details](#)
- Additional Activities**  
Add Licenses To Registration [Select](#)

-Within the “**Application details**” screen, you will be able to see if there are any deficiencies on your application and you are able to submit additional documents.

Select “**Done**” to leave this screen.

The screenshot shows a web interface for application details. At the top, there is a header with 'Provider - Primary #C3497' and a dropdown menu for '<Choose Application>' with a 'Select' button. Below this is a table with the following data:

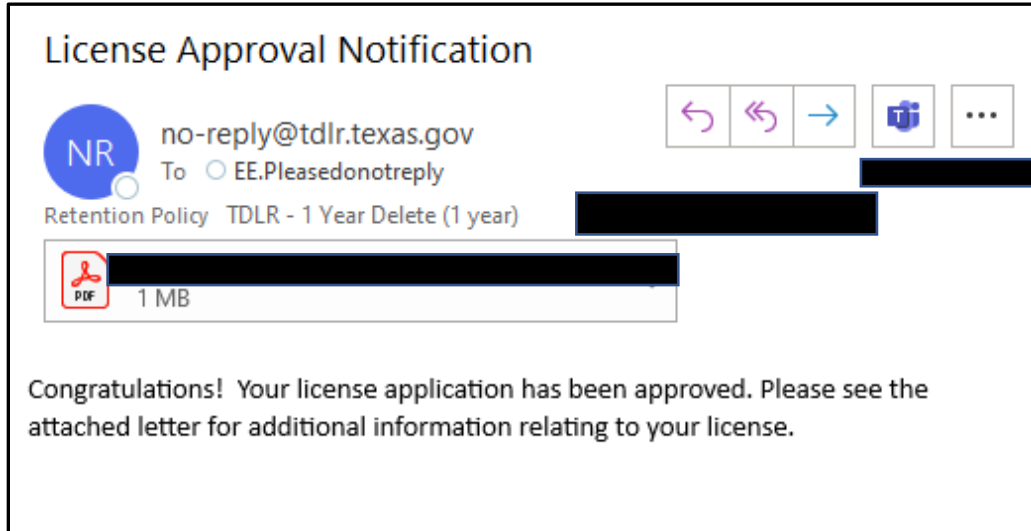
Submission Date	05/27/2023
Application Name	Driving Safety Provider: Initial Driving Safety Provider
Status	Open
Deficiencies	
Notes	

At the bottom right of the table area, there are two buttons: 'Submit Document(s)' and 'Done'. The 'Done' button is highlighted with a red square border. Below the table area, there is a footer with the text 'Department of Licensing and Regulation' and a disclaimer: 'Department of Licensing and Regulation certifies that it maintains the information for the license verification function of this website, performs daily updates and considers the website to be a secure, primary source for license verification.'

-Once we approve your application, you will no longer see the “**View Application Status**” section.

-We will then email you an approval letter and your license will be placed in the mail.

Example approval email:



-Once approved, you will see your newly approved license in the top right-hand corner of the Quick Start menu under “**License Information.**”

