

TWC USE ONLY	
Receipt #	
Fee Paid#	
Date Paid:	
Initialed By:	

## Texas Workforce Commission—Career Schools and Colleges Application for a Certificate of Approval

**Instructions:** Use this application to apply for a Certificate of Approval (license) from the Texas Workforce Commission (TWC). TWC is responsible for licensing and regulating private postsecondary educational institutions (also known as career schools and colleges), as required under Texas Education Code Chapter 132 and the TWC rules in Texas Administrative Code Chapter 807.

**Mailing Address:** Please mail **this form**, the **CSC-186 Fee Sheet**, and the **associated fees**, to: Texas Workforce Commission — Career Schools and Colleges, 101 East 15th Street, Austin, Texas 78778-0001, Attn: Revenue and Trust Management. Make checks **payable to** TWC-Career Schools and Colleges.

School			
School Number (TWC use only):		School Name:	
School's Physical Address:			
City:	State:	ZIP Code:	
School's Mailing Address:			
City:	State:	ZIP Code:	
Method(s) of Contact			
School's Telephone Number:		Fax Number:	
Website, if applicable:			
School Standard Email Address			
* TWC will assign a school number and then advise when to create the mandated e-mail address.			
Standard E-mail Address (TWC-assigned): *			
Course of Instruction—Measurement			
<b>Instructions:</b> Choose one of the following as your school's system of measuring a student's satisfactory completion of the course of instruction. (Check <b>one</b> box only.)			
Contact Hours	Quarter Credit Hours	Semester Credit Hours	Lessons (Distance Ed only)
Ownership Type and Owner's Name			
<b>Instructions:</b> Find the ownership type (Check one box only). Enter name of ownership.			
Corporation:	Limited Liability Company (LLC):	Limited Liability Partnership (LLP):	
Limited Partnership:	General Partnership:	Sole Proprietorship (Individual):	
Name of Ownership:			
Ownership Method(s) of Contact			
Ownership Telephone Number:		Fax Number:	
Ownership Address:			
City:	State:	ZIP Code:	

**Partners, Officers, Directors, Trustees, and Shareholders**

**Instructions:** List partners, officers, directors, trustees, shareholder and each shareholder that own at least 10 percent of the total shares of stock (issued and outstanding). **If needed,** use an additional sheet and title it **Additional Ownership.**

Name:	Title:	Address:	Percentage:
			%
			%
			%

**Certification**

The Officer, Principal Owner, or Board Member named below, being duly sworn, testify and state the following: The information in this application, accompanying catalogs, supplements, addenda, and materials is true and correct to the best of their knowledge and belief. The school will be operated in compliance with this application and all legal requirements, including the [Statement of Assurances for Career School or College Officer, Principal Owner, Board Member, or Director](#). Deficiencies will be corrected immediately. Changes to the school's operation will not be made until TWC approves revisions to this application. The individuals understand that purposely submitting false or misleading information on this application may subject them to a fine, a prison sentence, or both. If all owners/members cannot sign at the same time, you may submit a separate, notarized signature page for **EACH** owner

<b>Print Name and Title:</b>	<b>Signature and Date:</b>
<b>Print Name and Title:</b>	<b>Signature and Date:</b>
<b>Print Name and Title:</b>	<b>Signature and Date:</b>

**Notary**

State of:	County of	, where witnessed.
Subscribed and sworn to me this (mm/dd/yyyy):		
My commission expires: (mm/dd/yyyy):		

STAMP/SEAL: \_\_\_\_\_ **Signature:** \_\_\_\_\_