

Application for Certificate of Approval

Texas Workforce Commission Career Schools and Colleges

TWC USE ONLY

Receipt # _____

Fee Paid _____

Date Paid _____

Initialed by _____

Vocational (Residence) School: Seminar School: School # _____ (TWC use only)

School approval is requested based on program measurement in (check one box only):

Contact Hours: Quarter Credit Hours: Semester Credit Hours: Lessons:

1. Name of School: _____

2. Physical Address: _____
Street City State Zip Code

3. Mailing Address: _____
Street City State Zip Code

4. School Telephone Number: _____ Fax Number: _____
 Toll-free Number: _____

5. School E-Mail Address: _____

School Website, if applicable: _____

6. Type and Name of Ownership:

Corporation: _____

Partnership: _____

Individual: _____

Limited Liability Company (LLC): _____

Other: _____

a. Address of Owner: _____
Street City State ZIP Code

Business Phone Number: _____

b. List all partners or, if a corporation, all officers, directors, and/or trustees. In addition, list each shareholder owning stock aggregating at least 10% of the total issued and outstanding shares. Subsidiary Corporations should list the parent corporation as stockholder. (Use an additional sheet, if necessary, and identify as Attachment A.)

Name	Title	Address	% Owned

The individuals named below, being duly sworn, depose and say that the information in this application, accompanying catalogs, supplements, addenda, and materials are true and correct to the best of their knowledge and belief. Further, the school will be operated in compliance with this application and all legal requirements, including Statement of Assurances for Career School or College Officer, Principal Owner, Board Member or Director (www.texasworkforce.org/careerschoolforms).

Any deficiencies will be immediately corrected and changes in the operation will not be made until written approval from the Texas Workforce Commission, for any revision to the application, is received. I understand that purposely submitting false or misleading information on this application may subject me to a fine, a prison sentence, or both.

Signature of each Officer, Principal Owner, or Board Member:

_____	_____
Name and Title	Signature
_____	_____
Name and Title	Signature
_____	_____
Name and Title	Signature

Notary

State of _____ County of _____, where witnessed.

Subscribed and sworn to me this (mm/dd/yyyy) _____

My commission expires (mm/dd/yyyy) _____

STAMP/ S E A L

Signature of Notary

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.
