

Addendum to Representative Application

Texas Workforce Commission – Career Schools and Colleges

DEPT. USE ONLY
Receipt # _____
Fee Paid _____
Date Paid _____
Initialed by _____

Please Check:
<input type="checkbox"/> Representative Renewal
<input type="checkbox"/> Representative Address or Name Change
<input type="checkbox"/> School Address Change

Please complete this form, include the name and address of each representative to be renewed, and enclose \$45.00 per representative renewal **with a fee sheet CSC-186**. Enclose the representative renewal list below with your Renewal Application package.

For any **currently registered** representative name or address changes, or for a change of address for the school, please complete this form, indicate the changes, and submit with \$15.00 per representative **and a fee sheet CSC-186**.

Please make checks payable to **TWC Career Schools and Colleges** and mail with a fee sheet CSC-186 to Career Schools and Colleges - Controller, Texas Workforce Commission, 101 East 15th Street, Austin, Texas 78778-0001. *(Please type or print and make copies as needed.)* For proper coding, please put the school name on both the check and the fee sheet.

School # _____ School Name _____

Phone# _____ School Toll-free# _____ School FAX _____

School Location (physical address): _____

School Mailing Address: _____

School e-mail address: _____

School Director: _____ Today's Date (mm/dd/yyyy) _____

Please list LAST NAME FIRST and in ALPHABETICAL ORDER

Check if Representative Name is New	Name of Representative to be Renewed	Check if Representative Address is New	Address of Representative to be Renewed
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

_____ of Reps. Renewed @ \$45.00 each = Total of \$ _____ enclosed with Fee Sheet CSC-186
 # _____ of Name/Address Changes @ \$15 each = Total of \$ _____ enclosed with Fee Sheet CSC-186

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.