

**Texas Workforce Commission—Career Schools and Colleges  
Affidavit for Officers, Principal Owners, and Board Members**

**Instructions:** Enter **all** requested **information**. Respond to **all statements**. If a statement does not apply, enter “Not applicable.” Do **not** leave any space blank. Submit this affidavit (CSC-001W) with your Application for a Certificate of Approval (CSC-001).

**School Information**

School Number (TWC use only):	School Name:		
School’s Physical Address:			
City:	State:	ZIP Code:	

**Officers, Principal Owners, Board Members**

First Name:	Middle Name:	Last Name:	
Home Address:	City:	State:	ZIP Code:
Social Security Number:	Date of Birth (mm/dd/yyyy):		
Home or Mobile Phone:	Personal email:		

**Required Statements**

1. Please list all of the career schools and colleges, in Texas or any other state, that you have been employed by in any capacity or that you have held an ownership interest in of at least 10 percent:
  
2. Please explain, if you have had a diploma, credential, license, or certificate of any kind denied, revoked, or suspended, or if you have held an ownership interest of at least 10 percent in or been employed by any career school or college that has had its credentials, license, or certification denied, revoked, or suspended:
  
3. Please explain, if you have ever been dismissed or asked to resign from any position of employment:
  
4. Please explain, if you have ever been convicted of a felony or a misdemeanor other than a minor traffic offense, and please submit form CSC-014B, Professional Conduct:

**Certification**

I certify that the foregoing statements are true and correct. I agree that any person or entity maintaining information in any form relating to my criminal history must release all such information at the request of the Texas Workforce Commission (TWC). I permit TWC to obtain from any person or entity information relating to my personal background, reputation, and character, and I expressly direct that any such person or entity release such information at the request of TWC. I release, discharge, and exonerate TWC, its agents or representatives, and any person or entity furnishing information from any and all liability of every kind arising therefrom.

**Signatures of the Officer, Principal Owner, or Board Member**

Typed Name of Officer, Principal Owner, or Board Member:	Date:
Signature of Officer, Principal Owner, Board Member:	

**Notary**

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

Stamp/Seal

Signature of Notary: