

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 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—Controller, 101 East 15th Street, Austin, Texas 78778-0001.

School Information		
(TWC use only) School Number:	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 #:	Fax #:	Toll-Free Number & ext.#:
Website, if applicable:		
E-mail Address (TWC-assigned): *		
* TWC will assign a school number and then advise when to create the mandated e-mail address.		
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 one box only.)		
Contact Hours	Quarter Credit Hours	Semester Credit Hours      Lessons
Ownership		
Instructions: Select the ownership type and enter the owner's name.		
Corporation:		
Limited Liability Company (LLC):		
Limited Liability Partnership (LLP):		
Nonprofit Corporation:		
Partnership:		
Sole Proprietorship (Individual):		
Trust:		

**List of Owner(s)**

Instructions: List all partners, officers, directors, trustees, shareholders, and stockholders. Use an additional sheet, if necessary, and title it Additional Ownership. List each shareholder that owns stock aggregating at least 10 percent of the total issued and outstanding shares. Subsidiary corporations: List the parent corporation as stakeholder.

Name:	Title:	Address:	Percentage:
			%
			%
			%
			%
			%
			%
			%

**Certification**

The individuals named below, being duly sworn, depose and state that the information in this application, accompanying catalogs, supplements, addenda, and materials is true and correct to the best of their knowledge and belief. Additionally, 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 immediately corrected. Changes to the school's operation will not be made until TWC approves any revisions to this application. The individuals named below understand that purposely submitting false or misleading information on this application may subject them to a fine, a prison sentence, or both.

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

Print Name and Title:	Signature and Date:
Print Name and Title:	Signature and Date:
Print Name and Title:	Signature and Date:

**Notary**

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

Stamp/Seal: