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Initialed By:	

Texas Workforce Commission—Career Schools and Colleges

Representative Registration Application

Instructions: Please mail this completed form—with CSC-186 Fee Sheet and \$90 fee to:
 Texas Workforce Commission
 Career Schools and Colleges—Controller
 101 East 15th Street
 Austin, Texas 78778-0001

School Information

School Number: S	School Name:		
School's Physical Address:	City:	State:	ZIP Code:

Applicant

Last Name:	First Name:
Social Security Number:	Date of Birth (mm/dd/yyyy):
Applicant's Home Address:	Personal Phone Number:
Previous Names Used:	

Required Statements

Instructions: By initialing each statement below, I certify that the statements are true and correct.	Initial
1. I do hereby agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon the request of the Texas Workforce Commission.	
2. I do further hereby agree and permit the Texas Workforce Commission to obtain from any person or entity information relating to my personal background, reputation, and character, and do hereby expressly direct that any such person or entity release such information upon the request of the Texas Workforce Commission.	
3. I do hereby understand that I will not advise students about financial aid or administer the entrance test.	
4. I affirm that I will take the course Representative Training for Career Schools and Colleges before I recruit or enroll students.	
5. I do hereby release, discharge, and exonerate the Texas Workforce Commission, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising therefrom. The foregoing consent and release is valid and binding so long as I hold or seek any certificate, license, or permit under the authority of Chapter 132 of the Texas Education Code. I understand that purposely submitting false or misleading information on this application may subject me to a fine, a prison sentence, or both. I understand that the cancellation policy [Section 132.061(a)(2)] provides for a full refund of all moneys paid by the student if it is established that the enrollment of the student was procured as the result of any misrepresentation in advertising, promotional materials of the school, or representations by the owner or representative of the school.	

Professional Conduct

Instructions: If you answer Yes to A, B, C, or D below, complete form CSC-014B Professional Conduct. Sign the form and obtain the signature of a school official certifying the truth and accuracy of all statements made to explain the circumstances. Attach CSC-014B to this application and submit it with the other required documents.	Check Yes or No , below
A. Have you ever had a diploma, credential, license, or certificate denied, revoked, or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you ever been dismissed or asked to resign from any position for immoral or unprofessional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever been sued successfully for fraud or deceptive trade practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you ever been convicted of a felony or of a misdemeanor other than minor traffic offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Certification

I certify that I have read and agree to fully comply with the provisions of Chapter 132, Texas Education Code and Chapter 807, Texas Administrative Code, Career Schools and Colleges, which was given to me by the school that I will be representing.	
Typed or Printed Name of Applicant:	
Signature of Applicant:	Date:

Certification

I certify that the above-named applicant has been given instructions concerning compliance with Texas Education Code, Chapter 132, Career Schools and Colleges, and Texas Administrative Code, Chapter 807, Career Schools and Colleges, and is a duly qualified agent of this school.	
Typed or Printed Name of Owner, Director, or Owner Designee:	Title:
Signature of Owner, Director, or Owner Designee:	Date:

Notary

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