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| Texas Workforce Commission logo | **Texas Workforce Commission**  **Career Schools and Colleges**  **Affidavit of Cessation of Operations - Unlicensed Schools** | | | | | | |
| **Please mail this completed form to:**  **TWC Career Schools and Colleges**  **101 East 15th Street, Rm. 226T**  **Austin, Texas** **78778-0001**  **Helpdesk:** [**career.schools@twc.texas.gov**](mailto:career.schools@twc.texas.gov) | | | | | **For TWC Use Only** | | |
| Initialed By:  Date Received:  Date Assigned: | | |
| **School Information** | | | | | | | |
| 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 the TWC rules in Texas Administrative Code Chapter 807. According to Rule §807.11 (d)(2), to reapply for an original certificate of approval school shall submit this affidavit stating that the school will not reopen until it has been issued a Certificate of Approval. | | | | | | | |
| School Number (**TWC Use Only**): | | | School Legal Name (please print): | | | | |
| School Physical Address (Street 1): | | | School Physical Address (Street 2): | | | | |
| City: | | | State: | | | ZIP Code: | |
| **Cessation Information** | | | | | | | |
| Date school ceased operations: | | | | | | | |
| **School Authorized Official Certification** | | | | | | | |
| I certify that I own/operate/direct the above school, and I am of sound, mind, capable of making this affidavit and personally acquainted with the facts herein stated and the school will not reopen until the school has been issued a Certificate of Approval by the Texas Workforce Commission or a letter of exemption from Chapter 132, Texas Education Code granted. | | | | | | | |
| School Authorized OfficialName (print name):  **X** | | School Authorized OfficialSignature:  **X** | | | | | Date:  **X** |
| **Notary (**[**electronic signature**](https://www.digisigner.com/electronic-signature/category/electronic-signature-laws/) **accepted in lieu of notary)** | | | | | | | |
| State of: | | | | County of: | | | |
| where witnessed. Subscribed and sworn to me this (mm/dd/yyy): | | | | | | | |
| My commission expires: (mm/dd/yyyy): | | | | Notary Signature: | | | |
| STAMP/SEAL: | | | | | | | |