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| Texas Workforce Commission logo  | **Texas Workforce Commission****Career Schools and Colleges****Request for Certificate of Approval**  |
| **Please mail this form, CSC-186 Fee Sheet, and associate fees when completed to:****TWC Career Schools and Colleges****101 East 15th Street, Rm. 226T** **Austin, Texas** **78778-0001****Helpdesk:** **career.schools@twc.texas.gov** | **For TWC Use Only** |
| Receipt Number:      Fee Paid:      Date Paid:      Initialed By:       |
| **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. Use this application to apply for a Certificate of Approval (license) from the Texas Workforce Commission (TWC).   |
| School Number (**TWC Use Only**):       | School Legal Name (please print):      |
| **School Physical Address** Country:      | Texas County:      |
| School Physical Address (Street 1):      | School Physical Address (Street 2):      |
| City:      | State:      | ZIP Code:      |
| **School Mailing Address** Country:      | Texas County:      |
| School Mailing Address (Street 1):      | School Mailing Address (Street 2):      |
| City:      | State:      | Zip Code:      |
| Telephone Number:(   )       | Fax Number:(   )       |
| Website URL Address:      |
| School Standard Email Address (**TWC use only**):S @ |
| **Ownership Information** |
| Please provide the applicable supporting documents for business entity.       |
| Ownership Type (please print):       | Legal Business Name (please print):      |
| State or County Assumed Name (DBA):      | State of Formation:      |
| Ownership Mailing Address Country:      | Texas County:      |
| Ownership Mailing Address (Street 1):      | Ownership Mailing Address (Street 2):      |
| City:      | State:      | Zip Code:      |
| Telephone Number:(   )       | Fax Number:(   )       |
| **Owner Party(ies) Information** |
| List partners, officers, directors, trustees, shareholder, and each shareholder that own at least 10 percent of the total shares of stock (issued and outstanding).  |
| First and Last Name:      | Title:      | Business Entity:      | Address,City,ZIP Code:      | Percentage:    |
| First and Last Name:      | Title:      | Business Entity:      | Address,City,ZIP Code:      | Percentage:    |
| First and Last Name:      | Title:      | Business Entity:      | Address,City,ZIP Code:      | Percentage:    |
| Hierarchy and Notes Areas :      |
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| **Course of Instruction Information** |

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 (Distance Education-Synchronous) [ ]  Lessons (Distance Education-Asynchronous) [ ]   |
| **Certification**  |
|  The Officer, Principal Owner, or Board Member named below, being duly sworn, testify and state the following: The information in this application, accompanying catalogs, supplements, addenda, and materials is true and correct to the best of their knowledge and belief. 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 corrected immediately. Changes to the school’s operation will not be made until TWC approves revisions to this application. The individuals understand that purposely submitting false or misleading information on this application may subject them to a fine, a prison sentence, or both. If all owners/members cannot sign at the same time, you may submit a separate, notarized signature page for EACH owner/member. |
| Owners/Members Signature:**X**  | Date:**X**  |
| Owner/Member Signature:**X**  | Date:**X**  |
| Owner/Member Signature:**X**  | Date:**X**  |
| **Notary** |
| State of: | County of:  |
| where witnessed. Subscribed and sworn to me this (mm/dd/yyy):  |
| My commission expires: (mm/dd/yyyy): | Notary Signature:**X**  |
| STAMP/SEAL: |