



Application for Provider Renewal or Change of Contact Information

PLEASE TYPE OR LEGIBLY PRINT IN INK

DO NOT FAX THIS FORM

Nonrefundable Renewal (re-registration) Fee: \$50
NO FEE IS CHARGED FOR DATA CHANGES ON PAGE 2

This application is to be used only by individuals or organizations applying to renew (re-register) a CURRENTLY registered provider of continuing education or adjuster license training and/or to request an address, Approved Provider Representative, coordinator, or other provider data change. If the provider registration has been expired for 90 days or more, the full registration application (LHL212) MUST be completed, with all attachments. A course certification application must be filed for each course 20 days prior to presentation, and the provider's registration must be current when any course is presented or completed by a student.

Provider Identification (Complete for either re-registration or a change request):

TDI Provider Number: _____

Provider Name: _____

Provider's Trade Name or DBA : _____

If your address, phone numbers, email address, URL, APR, or course coordinator has changed, fill out the appropriate items in the change request, page 2 of this form

Screening Questions (Do NOT complete if making data change only):

Has the provider applicant had any certification or approval for a professional continuing education course of any kind or prelicensing education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States? Yes No If "Yes" give details on a separate page and include a copy of the agreement or order.

If provider is a corporation, LLC, PC, or banking corporation required to pay franchise tax, attach a current letter of good standing from the Texas Comptroller of Public Accounts. If not required to pay Texas franchise tax, attach an exemption letter from the Comptroller's office.

Certification (Complete for either re-registration or a change request):

The undersigned certifies on behalf of the provider applicant that the provider applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in 28 TAC §19.602 and §§19.1001-19.1019 and that the information provided on this form and on any attachments is true and correct. I authorize any changes requested on page 2.

PRINTED NAME AND TITLE OF THE PERSON SIGNING FOR THE PROVIDER APPLICANT

SIGNATURE OF PROVIDER APPLICANT

/ /
DATE

CHANGES:
COMPLETE ONLY ITEMS THAT HAVE CHANGED
Feel free to use a separate sheet of paper, if there is not enough room on this form

Firm Name or

Alias

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

Web Site Address: HTTP:// _____

New Approved Provider
Representative : _____

Course Coordinator:

Add Remove

Add Remove

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.022 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For information about the procedure and costs for obtaining information from TDI, please contact the Agency Counsel Section of TDI's Legal and Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.