

Texas Appraiser Licensing & Certification Board

Education & Examinations Division

**ACE Provider Application Checklist**

**Provider Name:** \_\_\_\_\_

**Provider License #:** \_\_\_\_\_ **Provider Expiration Date:** \_\_\_\_\_

- 1-5. Complete all fields
- 6. Business type
- 7. Assumed name
  - Copy of the recorded assumed name certificate or similar document, if using an assumed name
- 8. List other states where provider is approved to offer ACE courses, if applicable

**\*Business entity applicants only, complete #9 and #10**

- 9. Complete all fields and provide the following:
  - Franchise Tax Account Status Page, if chartered in Texas
  - Certificate of Fact or Filing, if chartered in a state other than Texas
- 10. [Principal Application Form](#) for each individual listed

**\*Trade association applicants only, complete #11**

- 11. Complete all fields and provide the following:
  - Copy of formation documents and IRS letter
  - List of board of directors and their terms of service

- 12. Proposed location of classes, check all that apply
- 13. Source of curriculum, must be name of individual or organization
- 14. Explain refund policy
- 15. Sample of advertising
  - Clearly reflects provider name and placeholder for the provider license number
  - Sample course title and placeholder for course number
- 16. List Records Manager for In-State applicants **only**
- 17. List Records Manager for Out-of-State applicants **only**
  - List Texas Resident as attorney-in-fact
  - Include notarized Power of Attorney
- 18. Operations Manager
  - Complete a [Principal Application Form](#)
- 19-25. Answer all legal questions
  - Complete an [Education Provider Background History Form](#), for **YES** answers
- 26. List of individuals authorized to sign for provider, including printed names and signatures
- 27. Additional information, if applicable
- Certification statement: Printed name and signature of Owner
- Certification statement: Printed name and signature of Operations Manager