



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

Register as a title insurance continuing education provider

Fill out this form to register or re-register as a provider of title insurance continuing education courses. Please type or print clearly in ink. You must file a separate [Application for Course Certification \(FINT06\)](#) for each course.

Do not fax or email this form. Mail a completed form and non-refundable \$50 fee to:

Texas Department of Insurance
PO Box 12069 MC 107-1A
Austin TX 78711-2069

Make your check payable to: Texas Department of Insurance

► Provider identification and contact information

Federal Tax Identification Number: _____

TDI provider number (previously approved providers only): _____

Provider name: _____

Provider's trade name (DBA / alias): _____

Physical address: _____

Street address

City State ZIP

Mailing address: _____

Street address or PO box

City State ZIP

Name of Authorized Provider Representative (APR): _____

APR contact information:

Phone: _____

Fax: _____

Email address: _____

Most of our communication with you will be by email and phone. Please keep this information up to date.

Provider’s website address: _____

► Screening questions

Resident state: _____

Has or does the applicant listed provide insurance education in a name different from those given in Part A?

Yes No If **“Yes”** attach details on a separate page.

Has the applicant had certification or approval for a professional continuing education course or pre-licensing 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”** provide details and a copy of the agreement or order on a separate page.

► Course types and geographic areas

Indicate the types of classes you intend to offer.

Classroom Classroom equivalent Self-study

For classroom courses, select the geographic areas where classes will be presented:

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 01 – Amarillo, Lubbock | <input type="checkbox"/> 07 – Bryan/College Station |
| <input type="checkbox"/> 2 – Midland, El Paso | <input type="checkbox"/> 08 - Austin |
| <input type="checkbox"/> 3 – Abilene, San Angelo | <input type="checkbox"/> 09 – San Antonio, Del Rio |
| <input type="checkbox"/> 4 – Wichita Falls, Denton, D/FW | <input type="checkbox"/> 10 – Houston, Beaumont, Victoria |
| <input type="checkbox"/> 5 – Waco, Temple | <input type="checkbox"/> 11 – Corpus Christi, Laredo |
| <input type="checkbox"/> 6 – Texarkana, Longview, Nacogdoches | <input type="checkbox"/> 12 – Out of Texas |

► **Program rules and registration information**

Before sending this form to us, you must read and comply with the program rules in Rule P-28 of the Title Insurance Basic Manual. A copy of these rules is available on the TDI website at www.tdi.texas.gov.

A provider registration is valid for two years. To remain registered, providers must re-register by following the instructions on the renewal notice. TDI will mail the renewal notice about 60 days before the license expires. You must re-register even if you do not receive a course renewal notice.

Class and other provider course records are subject to review at any time by the TDI or its designee. Refer to [Rule P-28.III.C](#) for more information.

TDI retains the right to audit an exemption or extension at any time.

► **Know your rights:**

You have the right to see and get facts we have about you: If you want to get information we have about you, you must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:

Email: OpenRecords@tdi.texas.gov

Fax: 512-490-1021

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Public Information Coordinator

PO Box 149104 (Mail code 110-1C)

Austin, Texas 78714-9104

You have the right to ask that we fix information we have about you that is wrong: If you want to ask that we fix information we have about you that is wrong, you must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:

Email: RecordCorrections@tdi.texas.gov

Fax: 512-490-1025

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Record Correction Request

PO Box 149104 (Mail code 113-1C)

Austin, Texas 78714-9104

► **Sign here**

By submitting this document on behalf of the applicant, I confirm the applicant and its authorized provider representative have read and will comply with all provider and course requirements in Rule P-28 of the Title Insurance Basic Manual. I also confirm that the information provided on this form and on any attachments are true and correct.

Signature: _____ Date: _____