



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 12030, MC: CO-AAL
 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:

► **Your rights:** You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.

► 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: _____