



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

www.tdlr.texas.gov

AOBJ 1602

APPLICATION FOR REGISTRATION FOR RELOCATABLE EDUCATIONAL FACILITY

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR A NEW APPLICATION BUILDER AND FEE WILL NEED TO BE SUBMITTED.

APPLICATION FEE: \$750 (NON-REFUNDABLE APPLICATION FEE)

MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR. CASH NOT ACCEPTED.

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH REGISTRATION

1. NAME OF BUSINESS TO BE LICENSED:

2. *E-MAIL ADDRESS (not required):

3. CONTACT NAME (required):

* By providing your email address you to receive communications and required notices by email and to keep a valid email address on file. You may unsubscribe from receiving email notices.

4. BUSINESS MAILING ADDRESS:

5. COUNTY

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

6. PHONE NUMBER:

7. FAX NUMBER:

8. BUSINESS TYPE (Check One):

Corporation

Partnership

Sole Proprietor

LLC

9. TAX ID NUMBER:

The 11-digit Comptroller's Taxpayer Number, the 9-digit Federal Employer's Identification Number, or if sole proprietor, your social security number.

10. Corporations: List names and titles of officers. **Partnerships:** For each partnership, list the name of each general partner. If any partner is a business entity, then list name and title of officers or partners (attach an additional sheet if necessary):

Name (full name)	Title	% of Ownership (partnerships)

APPLICATION FOR REGISTRATION - INDUSTRIALIZED HOUSING & BUILDINGS - REF BUILDER

With knowledge of the penalties for false statements, I **certify** that the construction and foundation of all REFs built under this registration shall be constructed in accordance with the approved construction documents, the mandatory building codes, the engineered plans, and department rules, and shall be inspected in accordance with §70.79 of the rules and the inspection procedures established by the Texas Industrialized Building Code Council.

I **certify** that I have read the Occupations Code, Chapter 1202, and the current Department of Licensing and Regulation rules promulgated thereunder. If the registration is issued, I agree to furnish to the Department of Licensing and Regulation any change in information included on this form and all attached documents within TEN (10) DAYS of the change.

Registration is subject to revocation if the Department is not notified, in writing, of any changes in the information given on this application or if there is a rule or law violation.

With knowledge of the penalties for false statements, I certify that all information submitted on this application and on all attached documents is true and correct.

Applicant's Name Printed

Signature of Applicant, Managing Partner, or Officer if Incorporated

Date

**For a partnership the applicant's signature must be a General Partner.
For a corporation the applicant's signature must be an officer of the corporation.**

THIS FORM CONSISTS OF TWO PAGES