

Please Check:

- Representative Renewal
- Representative Address or Name Change
- School Address Change

TEXAS WORKFORCE COMMISSION
Career Schools and Colleges
Addendum to Representative Application

DEPT. USE ONLY

Receipt # _____
 Fee Paid _____
 Date Paid _____
 Initialed by _____

Please complete this form, include the name and address of each representative to be renewed, and enclose \$45.00 per representative renewal with a fee sheet PS-186. Enclose the representative renewal list below with your Renewal Application package.

For any **currently registered** representative name or address changes, or for a change of address for the school, please complete this form, indicate the changes, and submit with \$15.00 per representative and a fee sheet PS-186.

Please make checks payable to TWC Career Schools and Colleges and mail with a fee sheet PS-186 to Career Schools and Colleges - Controller, Texas Workforce Commission, 101 East 15th Street, Austin, Texas 78778-0001. (Please type or print and make copies as needed.) For proper coding, please put the school name on both the check and the fee sheet.

School # _____ School Name _____

School Location (physical address) _____ Phone (____) _____

School Mailing Address _____ City/State/Zip _____

School e-mail address _____ School FAX (____) _____ School (800) # _____

School _____ Director _____ Today's _____ Date _____

Please list LAST NAME FIRST and in ALPHABETICAL ORDER

Name of Representative to be Renewed <input type="checkbox"/> if New Name of Representative	Address of Representative to be Renewed <input type="checkbox"/> if New Address of Representative
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

of Reps. Renewed @ \$45.00 each = _____ and Total of \$ _____ enclosed with Fee Sheet PS-186
of Name/Address Changes @ \$15 each = _____ and Total of \$ _____ enclosed with Fee Sheet PS-186

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 104T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.