

TRAINING PROVIDER INFORMATION CHANGE

Commission Rules §215.9 and §215.17

This form is used to notify TCOLE of information changes for the training coordinator or training administrator, including contact information, changes to the training facility address and other notifications. Please Type or Print Legibly.

Training Provider Name	Training Provider Number	Submittal Date
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Check the appropriate box(es) and complete the applicable section(s) below:

Change in training coordinator or contact information

A Training Coordinator must: (1) hold a TCOLE-issued instructor license/proficiency certificate, and (2) be a full-time paid employee of the training provider. If all requirements are not met, a written waiver may be requested for a period not to exceed 180 days, and waiver must be kept on file.

TCOLE PID	Title/Rank	First Name	M.I.	Last Name	Suffix
Mailing Address			City	State	Zip
Work Phone	Cell Phone	Email			

Change in training administrator or contact information

The "Training Administrator" is the person to whom the Training Coordinator reports.

TCOLE PID	Title/Rank	First Name	M.I.	Last Name	Suffix
Mailing Address			City	State	Zip
Work Phone	Cell Phone	Email			

Change or Addition to the Training Facility

Provide notification of changes of Training Facility name, physical address / location, mailing address or contact information.

[] New [] Additional / Building or Facility Name	Primary Contact Name	Phone	Email
Physical Address		City	State / Zip
Mailing Address		City	State / Zip

Other required notification as outlined in TCOLE Rules and/or Training Provider Contract (Specify/Attach additional pages if needed.)

Details:

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(Type or Print) Title and Name of Agency Administrator, Training Coordinator or Designee Signature Date