



APPRAISER CONTINUING EDUCATION (ACE) COURSE COMPLETION ROSTER

P.O. Box 12188, Austin, Texas 78711-2188

Provider Number

Provider Name

Course Number

Course Title

Course Completion Date _____

Location (including zip code)

Number of Pages Attached _____

Total Number of Students _____

I am an authorized representative of the ACE provider named above and represent that this occurrence of the course named above was conducted in full compliance with the Texas Appraiser and Licensing Certification Board rules. I further represent that the rosters attached contain only those students that fulfilled all the requirements for the course. I am aware that a false statement to the Board may be grounds for disciplinary action.

Printed Name of Representative

Signature

Date Signed

Phone number _____

Email Address _____

