



# DISTANCE EDUCATION REPORTING FORM

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

Information contained in this form must be submitted to TALCB by the provider by electronic means acceptable to the Board following the license holder's successful completion of the course.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Texas Appraiser License Number

\_\_\_\_\_  
Expiration Date (MM/DD/YYYY)

\_\_\_\_\_  
Student Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Course Start Date

\_\_\_\_\_  
Course Completion Date

I represent that I completed the above named course and that all information reported on this form is correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

I hereby certify that I am the ACE provider named above or person authorized by the ACE provider to submit this form, that this course was conducted in full compliance with the Texas Appraiser Licensing and Certification Board, and that the student has successfully completed this course and should be awarded ACE credit. I am aware that a false statement to the Texas Appraiser Licensing and Certification Board may be grounds for disciplinary action or prosecution under Section 37.10, Texas Penal Code.

\_\_\_\_\_  
Signature of Provider or Authorized Signer

\_\_\_\_\_  
Printed Name of Provider or Authorized Signer

\_\_\_\_\_  
Date