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| --- |
| **State Use Only** |
| Ck #: | \_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_ |
| Amt: | $\_\_\_\_\_\_\_ | Appl: | $\_\_\_\_\_\_\_ |
| PS: | \_\_\_\_\_\_\_\_ | Final: | \_\_\_\_\_\_\_\_ |

##

## Agent Permit Application

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| --- |
| **TYPE OF SUBMISSION** |
| **Select All That Apply:**  |
|  |
| 1. [ ]  **New**: Select for new agent and submit required fee (In-State/Out-of-State below).  |
| Please Note: If this application is being submitted for a new Agent with the school’s renewal application AND the proposed start date (below) is prior to July 1st:a) Complete all three pages AND b) Submitfee (in-state/out-of-state fee below) **AND** Renewal Fee as outlined on Page 3.  |
| 2. [ ]  **Renewing**: Select for existing agent.  |
| Please Note: If this application is being submitted with the school’s renewal application for an **existing** Agent: a) Skip pages 1 and 2. Submit page 3 **ONLY** AND b) Submit Renewal Fee as outlined on Page 3.  |
|  |
| 3. [ ]  **In-State**: $300.00 | a) Select if Agent will be representing in-state schools. b) Submit in-state agent fee. | Proposed Start Date: MM/DD/YYYY  |
| 4. [ ]  **Out-of-State**:$300.00 | a) Select if Agent will be representing out-of-state schools. b) Submit out-of-state agent fee.  | Proposed Start Date: MM/DD/YYYY  |
|  |
| Agent to represent the following location(s): (If more space is needed, attach a separate sheet.) |
| 1. City, State  | 2. City, State  | 3. City, State  |
| **SCHOOL INFORMATION** |
| School Name:       | Date:       |
| School Home Office Address: Street, City, State, Zip | Phone:       |
| School Contact:       | Email:        |
| **AGENT INFORMATION** |
| Agent Name: First:       | Last:       | MI:       |
| Home Address: Street, City, State, Zip |
| Date of Birth: MM/DD/YYY | Place of Birth: City, State | Home Phone:        |
|  |
| **Employment History: Last** **five (5) years**, starting with the most recent: (If more space is needed, attach a separate sheet.) |
|  |
| 1. Employer:       | Job Title:       |
| Address: Street, City, State, Zip | From: MM/YYYY | To: MM/YYYY |
| Supervisor’s Name:       | Phone Number:       |
|  |
| 2. Employer:       | Job Title:       |
| Address: Street, City, State, Zip | From: MM/YYYY | To: MM/YYYY |
| Supervisor’s Name:       | Phone Number:       |
|  |
| Have you ever been licensed as a private school agent in any state, including Colorado? | Yes [ ]  | No [ ]  |
| If yes, provide name of school(s) and state(s) where located: (If more space is needed, attach a separate sheet) |
| 1. Name of School | State |
|  |
| Have you ever been a private occupational school owner before?  | Yes [ ]  | No [ ]  |
| If yes, provide name of school(s) and state(s) where located: (If more space is needed, attach a separate sheet) |
| 1. Name of School | State |

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| **Required Disclosures:** If any question below is answered “yes”, attach a written explanation. If this information has not been submitted to the Division with a previous application, include official court documentation which outlines the date and circumstances surrounding the case including, if applicable, charges and disposition of the court case which demonstrates completion of any probation or court ordered terms. (**Please note:** failure to accurately report criminal history may be grounds for immediate board action including but not limited to revocation of agent permits or certificate to operate as a private occupational school.) |
|  |
| **Have you ever:**  |
| 1. Been convicted of or pled to a felony or are felony charges pending?
 | Yes [ ]  | No [ ]  |
| 1. Been convicted of or pled to a misdemeanor other than a minor traffic violation or are misdemeanor charges pending?
 | Yes [ ]  | No [ ]  |
| 1. Been dismissed or allowed to resign from any position for immoral or unprofessional conduct?
 | Yes [ ]  | No [ ]  |
| 1. Been denied, revoked, relinquished or otherwise prevented from obtaining a private occupational school license in Colorado or any other state?
 | Yes [ ]  | No [ ]  |
| 1. Been refused bonding by any surety company?
 | Yes [ ]  | No [ ]  |
|  |
| **PLEASE MAKE SURE TO COMPLETE AND NOTARIZE BOTH AFFIDAVITS CONTAINED BELOW** |
| **AFFIDAVIT OF APPLICANT** |
| In compliance with §23-64-117, C.R.S., I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , being duly sworn, hereby make application for a permit authorizing me to engage in the business of selling Private Occupational Education Services for the herein named school to the public. **I** **certify that I have received a copy of the Private Occupational Education Act of 1981 and the Rules and Regulations promulgated pursuant thereto, and have read the Law and the Rules and Regulations, and further state that the above notice has been read,** and that each of the statements in this application and all items attached to this application are true and correct in content to the best of my knowledge and belief.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, where witnessed:Subscribed and sworn to before me this\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_,  My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **AFFIDAVIT OF SCHOOL** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the owner or officer of the school by whom the above-named applicant  **(Printed Name of Owner or Officer of School)**is employed (or will be employed) as a private occupational school agent. **I certify that I have provided the applicant with a copy of the Private Occupational Education Act of 1981 and the Rules and Regulations promulgated pursuant thereto. I further certify that I will accept the responsibility of actively supervising the applicant during the period the applicant is in my employ and the requested permit remains in effect****.** An applicant may not offer or sell any educational service to any person within the State of Colorado before a permit is issued to the applicant.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, where witnessed:Subscribed and sworn to before me this\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_. My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **State Use Only** |
| Ck #: | \_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_ |
| Amt: | $\_\_\_\_\_\_\_ | Appl: | $\_\_\_\_\_\_\_ |
| PS: | \_\_\_\_\_\_\_\_ | Final: | \_\_\_\_\_\_\_\_ |

##

## Renewing Agent Permit Application

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| **TYPE OF SUBMISSION** |
| **Select ONE: In-State or Out-of-State** (Separate application **and** fee required for each in-state and out-of-state renewing agent) |
| $300.00  | [ ]  In-State: Select if Agent will be representing in-state school(s) |
| [ ]  Out-of-State: Select if Agent will be representing out-of-state school(s) |
|  |
| Agent to represent the following location(s): (If more space is needed, attach a separate sheet.) |
| 1. City, State 2. City, State 3. City, State |
| **SCHOOL INFORMATION** |
| School Name:       | Date:       |
| Full School Home Office Address: Street, City, State, Zip |
| School Contact:       | Email:        |
| **AGENT INFORMATION** |
| Agent Name: First:       | Last:       | MI:       |
| Home Address: Street, City, State, Zip |
|  |
| **Required Disclosures:** If any question below is answered “yes”, attach a written explanation. Include official court documentation which outlines the date and circumstances surrounding the case including, if applicable, charges and disposition of the court case which demonstrates completion of any probation or court ordered terms. (Please note: failure to accurately report criminal history may be grounds for immediate board action including but not limited to revocation ofagent permits or certificate to operate as a private occupational school.) |
|  |
| **Have you, in the past three years:**  |
| 1. Been convicted of or pled to a felony or are felony charges pending?
 | Yes [ ]  | No [ ]  |
| 1. Been convicted of or pled to a misdemeanor other than a minor traffic violation or are misdemeanor charges pending?
 | Yes [ ]  | No [ ]  |
| 1. Been dismissed or allowed to resign from any position for immoral or unprofessional conduct?
 | Yes [ ]  | No [ ]  |
| 1. Been denied, revoked, relinquished or otherwise prevented from obtaining a private occupational school license in Colorado or any other state?
 | Yes [ ]  | No [ ]  |
| 1. Been refused bonding by any surety company?
 | Yes [ ]  | No [ ]  |
| **AFFIDAVIT OF APPLICANT** |
| In compliance with §23-64-117, C.R.S., I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, hereby make application to  **(Printed Name of Applicant)** renew a permit authorizing me to engage in the business of selling Private Occupational Education Services for the herein named school to the public. I am in compliance with **the Private Occupational Education Act of 1981 and the Rules and Regulations promulgated pursuant thereto,** and I certify that the information submitted in and with this application is true and correct to the best of my knowledge.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, where witnessed:Subscribed and sworn to before me this\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_.  My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |