



**RG-373 Appendix C:  
Expedited Application  
to Convert TCEQ-  
approved Classroom  
Training to Online  
Training**

**For TCEQ Use Only**

Received Date: \_\_\_\_\_ Application #: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_  
 If Approved: Provider Code: \_\_\_\_\_ Course Code: \_\_\_\_\_  
 Fee Amount Paid: \_\_\_\_\_ TCEQ ePay Voucher#: \_\_\_\_\_ or  
 Receipt: Yes No # \_\_\_\_\_  
 Note to Cashier: OTA fee code, Route receipt to MC-178 with form.

Training providers that previously have received approval by TCEQ to offer classroom courses for occupational licenses in Texas may transition those courses to online options.

**A. Information about the Training Provider**

Name of Training Provider/Organization		Contact Person		Role/Title
Mailing Address	City	State	Zip	(Area Code) Phone Number
E-mail Address	Web URL		(Area Code) Fax Number	

**B.1 Information about the Training**

Title of TCEQ training requested to be converted to an online format.	Hours of Training Credit Requested	
TCEQ Provider Course Code	TCEQ Approved Course Code	Is this a core course? (Yes/No)

**B.2 Information about the Training** (complete only if you are requesting multiple courses reviewed)

Title of TCEQ training requested to be converted to an online format.	Hours of Training Credit Requested	
TCEQ Provider Course Code	TCEQ Approved Course Code	Is this a core course? (Yes/No)

**B.3 Information about the Training** (complete only if you are requesting multiple courses reviewed)

Title of TCEQ training requested to be converted to an online format.	Hours of Training Credit Requested	
TCEQ Provider Course Code	TCEQ Approved Course Code	Is this a core course? (Yes/No)

**B.4 Information about the Training** (complete only if you are requesting multiple courses reviewed)

Title of TCEQ training requested to be converted to an online format.	Hours of Training Credit Requested	
TCEQ Provider Course Code	TCEQ Approved Course Code	Is this a core course? (Yes/No)

**C. Certification**

*I certify that I have reviewed and verified the information in this application and its attachments and found the information to be true and correct to the best of my knowledge.*

*I understand that I am solely responsible for the content of these training materials and their presentation.*

Signature of Company Owner or Authorized Agent	Role/Title	Date
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**Be advised that approval carries the responsibility of the training provider complying with all applicable rules and regulations in 30 Texas Administrative Code Chapter 30. Training must also meet all general and delivery standards in addition to including the checklist items.**