



Trg-1

COMMISSION APPROVED TRAINING  
PROVIDER, ACTIVITY, AND INSTRUCTOR APPLICATION

PROVIDER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE OF CONTACT PERSON: \_\_\_\_\_

SPONSOR OWNERS/DIRECTORS:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

TITLE OF TRAINING ACTIVITY: \_\_\_\_\_

FORMAT OF PROGRAM DELIVERY: \_\_\_\_\_ LIVE CLASSROOM \_\_\_\_\_ DISTANCE DELIVERY

If distance delivery, what medium is used: \_\_\_\_\_

LENGTH OF TRAINING ACTIVITY: (increments of 1 hour; minimum one 60-minute hour) \_\_\_\_\_

**\*\*MAIN GOAL OR OBJECTIVE OF TRAINING ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ATTENDANCE MONITORING POLICY: Provide a statement explaining how you intend to verify student identity and monitor 100% attendance: \_\_\_\_\_

\_\_\_\_\_

METHOD OF RECORD MAINTENANCE: Provide a statement explaining your procedure for maintaining all training records for a minimum of four years. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAS THE PROVIDER EVER RECEIVED A DISCIPLINARY SANCTION BY ANY PROFESSIONAL LICENSING OR REGULATING ENTITY OF ANY JURISDICTION? \_\_\_\_ YES \_\_\_\_ NO.

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**THIS INFORMATION MUST BE SUBMITTED FOR EACH INSTRUCTOR. MULTIPLE INSTRUCTORS SHOULD USE THE Trg-3 FORM FOR ADDITIONAL INFORMATION.**

INSTRUCTOR NAME: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LIST INSTRUCTOR QUALIFICATIONS AND EXPERIENCE: \_\_\_\_\_

HAS THE INSTRUCTOR EVER RECEIVED A DISCIPLINARY SANCTION BY ANY PROFESSIONAL LICENSING OR REGULATING ENTITY OF ANY JURISDICTION? \_\_\_\_ YES \_\_\_\_ NO.

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**THE AMERICANS WITH DISABILITIES ACT (ADA): Any private entity that offers training or examinations related to licensing for professional or trade purposes must offer such courses or examinations in a place and manner accessible to all persons, or offer alternative but equal arrangements. This may include the provision of auxiliary aids and services for persons with disabilities. For more information please contact your Equal Employment Opportunity Commission.**

**Provider Certification**

I hereby certify that all information supplied, herein, is true and accurate and that this program will be as it is described and conducted in compliance with the Nebraska Real Estate License Act and the Americans with Disabilities Act (ADA).

SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME OF PROVIDER: \_\_\_\_\_