

APPLICATION FOR LICENSE TO OPERATE A PRIVATE POSTSECONDARY SCHOOL IN ALABAMA

FORM DPE-PS-1

NAME OF SCHOOL	IRS Employer Identification Number	
Name and Title of Chief Administrator	Telephone Number	
<i>Mailing Address</i>		<i>Physical Address (if different)</i>
Street/P.O. Box	Street	
City/State/Zip	City/State/Zip	
Email	Website	
<input type="checkbox"/> Initial Application <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Voluntary License		Date of Initial License
<i>Name (in last, first, middle initial form) and address of the Alabama resident designated as the State Agent to service all legal complaints against the school.</i>	Name	
	Street Address/P.O. Box	
	City/State/Zip	
	Telephone:	
Ownership Check as Appropriate	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise <input type="checkbox"/> Partnership <input type="checkbox"/> Foundation <input type="checkbox"/> Other _____	
<i>Owner's Name</i>	Name	Telephone Number:
	Street Address/P.O. Box	City/State/Zip
ATTACH THE FOLLOWING DOCUMENTS WHEN APPLICABLE		
<ol style="list-style-type: none"> 1. Copies of Licenses, Approvals, or Authorizations issued by any Local, State, or Federal Agencies. 2. Accreditations. 3. Affiliations. 4. Endorsements. 5. Fire and/or Health inspection Report. 6. Articles of Incorporation or Certificate of Existence granted to do business in Alabama (Initial applications only). 		
<i>List the Name, Title, and Address of corporate officers on the back of this form.</i>		
Application must be accompanied by the required <u>statutory fees, surety bond, and current financial statement</u> . Application fees must be paid in U.S. Currency, by <u>cashier's check</u> or <u>money order</u> payable to Department of Postsecondary Education .		

CORPORATE OFFICERS

Name	Title
Street Address/P.O. Box	City/State/Zip
Name	Title
Street Address/P.O. Box	City/State/Zip
Name	Title
Street Address/P.O. Box	City/State/Zip
Name	Title
Street Address/P.O. Box	City/State/Zip
Name	Title
Street Address/P.O. Box	City/State/Zip
Name	Title
Street Address/P.O. Box	City/State/Zip

AFFIDAVIT

Name of School: _____

Name of Corporation: _____

State of _____ County of _____

_____, being duly sworn, deposes and states that each of
Chief Administrator or President of Corporation
the statements in this application and all items attached to this application are true and correct to the best of his knowledge and belief.

Signature: _____

Subscribed and sworn before me this ____ day of _____, 20__.

Notary Public in and for said County and State

My Commission Expires: _____

**Mail completed application to:
Department of Postsecondary Education, Post Office Box 302130, Montgomery, AL 36130-2130**

PRIVATE SCHOOL PERFORMANCE BOND

FORM DPE-PS-2

BOND # _____

We, _____, a (an) _____, d/b/a _____,
Owner of School Corporation, Partnership, Individual
_____, whose address is, _____,
Name of School Street Address
_____, as principal; and _____ as
City/State/Zip
surety, whose address is, _____,
Street City/State/Zip

are held and firmly bond unto the Department of Postsecondary Education, as Trustee, in the sum of twenty thousand dollars (\$20,000.00) U.S. Currency for which payment well and truly to be made. We jointly and severally bind ourselves and each of our heirs, executors, administrators, and successors firmly by these presents.

THIS OBLIGATION IS THEREFORE CONDITIONED, in accordance with Alabama Statutes, to provide indemnification to any student suffering loss as a result of a breach of contract, fraud, or misrepresentation used in procuring enrollment in, and/or administering a course of study, or for any violation of any obligation due a student pursuant to Alabama Code § 16-46-1 through 10 (1975). This bond shall be conditioned to refund of tuition and fees due aggrieved student only, pursuant to Alabama Code § 16-46-1 through 10 (1975).

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the principal above named has applied for license to operate a private school and/or solicit enrollment pursuant to Alabama Code § 16-46-1 through 10 (1975).

NOW THEREFORE, the condition of the above obligation is such that if, for the period beginning on _____, 20 ____, and ending _____, 20 ____, the principal shall faithfully perform its duties as a private school at all locations within the State of Alabama, whether resident or non-resident, according to Alabama Code § 16-46-1 through 10 (1975), then this bond shall be void, otherwise to remain in full force and effect.

PROVIDED HOWEVER, that regardless of the number of years that this is in force, the aggregate liability thereon shall in no event exceed the amount of this bond for all breaches of condition thereof; and

PROVIDED HOWEVER, the surety may cancel the bond upon giving thirty days prior notice to the cancellation date in writing to the Department of Postsecondary Education, and thereafter shall be relieved of liability for any breach of condition occurring after the effective date of said cancellation.

WITNESS our hand this _____ day of _____, 20 ____.

Name and Title of School Official Signature

Name and Title of Authorized Agent Signature of Surety

**Mail completed application to:
Department of Postsecondary Education, Post Office Box 302130, Montgomery, AL 36130-2130**

APPLICATION FOR AGENT'S PERMIT

FORM DPE-PS-4

Name:	Last	First	Middle Initial	Social Security Number - -	Date of Birth (MM/DD/YY) / /
Mailing Address & Telephone Number				Business Address & Telephone Number	
				School Name	
Street/P.O. Box				Street/P.O. Box	
City/State/Zip				City/State/Zip	
Telephone Number/Ext.				Telephone Number/Ext.	
<input type="checkbox"/> Initial Application <input type="checkbox"/> Annual Renewal					Effective Date of Permit / /

APPLICATION IS HEREBY MADE for an agent's permit to solicit or perform services of an agent in conformity with the provisions of Alabama Code § 16-46-1 through 10, (1975), accompanied by required fees payable by cashier's check or money order to the Department of Postsecondary Education. A continuation certification must accompany renewal application. **ENCLOSE SIGNED PERMIT CARD. DO NOT TYPE OR WRITE ELSEWHERE ON THE CARD! LOOSELY ATTACH A 1 ½" x 1 ½" FACIAL PHOTO. DO NOT GLUE PHOTO!**

I certify that the information presented herein is true and correct.

Signature

TO BE COMPLETED BY THE CHIEF ADMINISTRATIVE OFFICER OF THE SCHOOL

Subject to the possession of an agent's permit, the applicant named above will be employed by our school to solicit and enroll students in Alabama. The school assumes the responsibility for the actions of this agent when soliciting students in Alabama.

Signature of Chief Administrator Date Title

**Mail completed application to:
Department of Postsecondary Education, Post Office Box 302130, Montgomery, AL 36130-2130**

CURRICULUM OUTLINE FOR COURSE OR PROGRAM OF STUDY

FORM DPE-PS-5

Name of School	Size of Facility in Square Feet		
Course Title	Effective Date		
Course or Program of Study	Hours Credit <input type="checkbox"/> Contact <input type="checkbox"/>		
	Classroom	Laboratory	Other
Total			

2008 Private School Licensure Fee Schedule

License Fee (Two-year)

Degree Granting:

½ of 1% of annual gross income for Alabama Students
not less than \$2,500,
not to exceed \$15,000

Non-Degree Granting:

½ of 1% of annual gross income for Alabama Students
not less than \$1,250
not to exceed \$5,000

Change in Location or Instructional Site	\$60
Change in Programs	\$100
Re-issuance of License for Program Name	
Change or Institution Name Change	\$30
Initial and Renewal Agent Permit	\$50
Re-Issuance of Agent Permit	\$10
Transcript Request Fee	\$10

- Fees are due at the time of application
- Fees are nonrefundable
- Fees should be made payable to the "Alabama Department of Postsecondary Education"
- Fees are used solely for the Private School License Division
- The ADPE reserves the right to adjust fees based on the consumer price index or other appropriate indicator.

Payment Method	<input type="checkbox"/> Check / Money Order	<input type="checkbox"/> Credit Card
Type of Institutions	<input type="checkbox"/> Degree Granting	<input type="checkbox"/> Non-Degree Granting
Gross Annual Income of Institutions Covering 12 Months Period from _____	_____ To _____	

Special Purpose Fees	Type	Amount

License Fee _____