



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
PO Box 12157 ● Austin, Texas 78711-2157  
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871  
www.tdlr.texas.gov ● cs.electricians@tdlr.texas.gov

## APPRENTICE OR APPRENTICE SIGN ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST FORM INSTRUCTIONS

1. NAME – Write your name as it appears on your electrician license.
2. SOCIAL SECURITY NUMBER - Social Security Number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH – Write your birthdate.
4. LICENSE NUMBER– Write your complete license number as it appears on your electrician license.
5. REQUEST DUPLICATE LICENSE - Check this box if you want a duplicate of your license. Include the \$20 fee.
6. CHANGE MY NAME - Write your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change.
7. CHANGE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
8. CHANGE MY PHYSICAL ADDRESS - Write your new physical address. This address cannot be a post office box.
9. CHANGE MY PHONE NUMBER - Write your new phone number, including the area code.
10. CHANGE MY EMAIL ADDRESS – Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
11. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



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**APPRENTICE OR APPRENTICE SIGN ELECTRICIAN**  
**NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST**

**Do Not Write Above This Line**

**DUPLICATE LICENSE FEE: \$20 (FEE IS NON-REFUNDABLE)**

**1. Name:** (as it appears on your license)

\_\_\_\_\_

Last First Middle Suffix

**2. Social Security Number:**  
 (See instruction sheet for disclosure information) \_\_\_\_\_

**3. Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**4. License Number:** \_\_\_\_\_

**DUPLICATE LICENSE REQUEST**

5.  I am requesting a duplicate/reprint of my license (\$20 fee required)

**NAME CHANGE**

**6. Change My Name:** (submit a copy of a government ID or legal document approving your name change)

\_\_\_\_\_

Last First Middle Suffix

**CONTACT INFORMATION**

**7. Change My Mailing Address:** (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number \_\_\_\_\_

City State Zip Code

**8. Change My Physical Address:** (PO box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number \_\_\_\_\_

City State Zip Code

**9. Change My Phone Number:**

(\_\_\_\_\_) \_\_\_\_\_

Area Code Phone Number

**10. Change My Email Address:**

\_\_\_\_\_

Email address (ex: johndoe@aol.com) (See Instruction sheet for disclosure information)

**11. Date and Signature:**

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

Date Signed Signature of Licensee