



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.air.conditioning@tdlr.texas.gov

AIR CONDITIONING TECHNICIAN NOTICE OF CHANGE AND DUPLICATE REGISTRATION REQUEST FORM INSTRUCTIONS

1. NAME – Write your name as it appears on your air conditioning technician registration.
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 registration. 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. REGISTRATION NUMBER– Write your complete registration number as it appears on your air conditioning registration.
5. REQUEST DUPLICATE REGISTRATION - Check this box if you want a duplicate of your registration. Include the \$15 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 registration 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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AIR CONDITIONING TECHNICIAN
NOTICE OF CHANGE AND DUPLICATE REGISTRATION REQUEST

Do Not Write Above This Line

DUPLICATE REGISTRATION FEE: \$15 (FEE IS NON-REFUNDABLE)

1. Name: (as it appears on your registration)

Last First Middle Suffix

2. Social Security Number:
 (See instruction sheet for disclosure information) _____

3. Date of Birth: _____ - _____ - _____

4. Registration Number: _____

DUPLICATE REGISTRATION REQUEST

5. I am requesting a duplicate/reprint of my registration (\$15 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