



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

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

1. NAME - Provide 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](#).
3. DATE OF BIRTH - Provide your birth date.
4. REGISTRATION NUMBER - Provide 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 - Provide 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 - Provide 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 - Provide your new physical address. This address cannot be a post office box.
9. CHANGE MY PHONE NUMBER - Provide your new phone number, including the area code.
10. CHANGE MY EMAIL ADDRESS - Provide 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. SIGNATURE AND DATE - Sign and date your request form. Changes to your record cannot be made if your request is not signed.

### SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#) or reach Customer Service via [webform](#) where you can submit your request for assistance and include attachments needed or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday (excluding holidays).



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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:**

(MM/DD/YYYY)

**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 + 4

**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:**

Ex: johndoe@gmail.com (See instruction sheet for disclosure information)

**11. Signature and Date:**

Signature of Licensee

Date Signed