



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

AUCTIONEER AND ASSOCIATE AUCTIONEER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST FORM INSTRUCTIONS

1. NAME – Provide your legal name as it will appear on your license. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. DATE OF BIRTH – Provide your birth date.
3. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(c)(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](#).
4. LICENSE NUMBER – Provide your complete license number as it appears on your auctioneer license.
5. NOTIFICATION OF CHANGE ONLY – Select the appropriate boxes if you want to make changes to your name or contact information, such as your telephone number, mailing address, or email address.
6. DUPLICATE LICENSE REQUEST – Select this box if you want a duplicate of your license and include the \$25.00 fee.
7. LICENSE TYPE – Select the box for the type of license you are requesting.
8. 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. If you want an updated copy of your license that shows your new name, you must submit the \$25.00 duplicate license fee with this request.
9. 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 P.O. Box.
10. CHANGE MY PHONE NUMBER – Provide your new phone number, including the area code.
11. CHANGE MY EMAIL ADDRESS – Provide 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.
12. CHANGE MY BUSINESS LOCATION – Provide the physical address of your business. This address cannot be a P.O. Box.
13. CHANGE MY BUSINESS PHONE NUMBER – Provide your new business phone number, including your area code.
14. DATE AND SIGNATURE – 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](#). You can request assistance or submit required attachments via [TDLR webform](#). You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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DUPLICATE LICENSE FEE: \$25.00 (FEE IS NON-REFUNDABLE)

1. Name:

Last

First

Middle

Suffix

2. Date of Birth:

MM/DD/YYYY

3. Social Security Number:

(See instruction sheet for disclosure info)

4. License Number:

5. Notification of Change Only: (No Cost)

Notice of name change
(documentation required)

Notice of contact information change

6. License Type:

Auctioneer

Associate Auctioneer

7. Duplicate License Request: (\$25.00 fee)

Request for a duplicate license

NAME CHANGE

8. Change My Name: (Submit a copy of government ID or legal document approving our name change)

Last

First

Middle

Suffix (Jr., Sr., III)

CONTACT INFORMATION

9. Change My Mailing Address: (P.O. Box can be used for this address)

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

10. Change My Phone Number:

(Area Code) Phone Number

11. Change My Email Address:

Email Address: (ex:johndoe@gmail.com) (See instruction sheet for disclosure info)

BUSINESS INFORMATION

12. Change My Business Location Address: (P.O. BOX cannot be used for this address)

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

13. Change My Business Phone Number:

(Area Code) Phone Number

14. Sign and Date:

Signature of Applicant

Date Signed