



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

BEHAVIOR ANALYST OR ASSISTANT BEHAVIOR ANALYST REQUEST FOR A CHANGE IN LICENSE STATUS FORM INSTRUCTIONS

1. **CHANGE IN STATUS** – Check the appropriate box to indicate whether you want to set your license to inactive or active. If you want to activate your license, you must complete the required continuing education (CE) and pay a \$25 fee. If you want to inactivate your license, you are still required to renew your license every renewal period.
2. **NAME** – Provide your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
3. **LICENSE NUMBER AND EXPIRATION DATE** – Provide your license number and expiration date.
4. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
5. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
6. **EMAIL ADDRESS** – Provide your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
7. **STATEMENT OF APPLICANT** – Carefully read the statement of applicant before you sign and date your application.

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](http://www.tdlr.texas.gov) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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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ALL INFORMATION MUST BE TYPED OR PRINTED

1. Change in Status:

- I would like to put my license on inactive status. I am aware that my license must be renewed while it is on inactive status. **(No Fee)**
- I would like to activate my license. I understand that I must complete my continuing education hours before my license can be activated. **(\$25 cashier's check or money order)**

2. Name:

Last

First

Middle

Suffix

3. License Number and Expiration Date:

License Number

Expiration Date

4. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code

5. Phone Number:

(Area Code) Phone Number

6. Email Address:

See instruction sheet for disclosure information

7. STATEMENT OF APPLICANT

I certify that I will comply with applicable provisions of the Texas Occupations Code, Title 7, Chapter 1151; Texas Administrative Code, Title 16, Chapter 94. I understand that providing false information on this form may result in revocation of the license I am requesting and the imposition of administrative penalties.

Applicant Signature

Date Signed