



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## BEHAVIOR ANALYST OR ASSISTANT BEHAVIOR ANALYST NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

All information provided must be typed or printed.

1. APPLICANT NAME – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. 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](#).
3. DATE OF BIRTH – Provide your birthdate.
4. LICENSE NUMBER – Provide your complete license number as it appears on your license.
5. DUPLICATE LICENSE REQUEST – Check the appropriate box if you want a duplicate of your license and include the \$25 fee.
6. LICENSE TYPE THE INFORMATION NEEDS CHANGED ON – Check 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.
7. NOTIFICATION: 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 duplicate license fee with this request.
8. NOTIFICATION: 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 PO Box.
9. NOTIFICATION: CHANGE MY PHONE NUMBER – Provide your new phone number, including the area code.
10. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Provide your new 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.
11. 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](#) 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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**DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR**

**1. Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix

**2. Social Security Number:**

**3. Date of Birth:**

**4. License Number:**

\_\_\_\_\_  
See instruction sheet for disclosure information

\_\_\_\_\_  
Month/Day/Year

**5. Duplicate License Request** (place a check in the license requested) (\$25 Fee Required)

Behavior Analyst       Assistant Behavior Analyst

### NOTIFICATION OF CHANGE ONLY

**6. License type the information needs changed on:**

Behavior Analyst       Assistant Behavior Analyst

**7. Change my name:** (see instructions)

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix

**8. Change my mailing address:**

\_\_\_\_\_  
(P.O. Box, Number, Street Name/Apartment Number)      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code

**9. Change my phone number:**

**10. Change my email address:**

\_\_\_\_\_  
(Area Code) Phone Number

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

**11. Date and Signature:**

The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license, or the revocation of my license.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date Signed