

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. <u>CHANGE IN STATUS</u> 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. <u>NAME</u> 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. <u>MAILING ADDRESS</u> Provide your current mailing address. This is the address where we will send you mail. This ad-dress can be a post office box. 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. <u>PHONE NUMBER</u> 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. <u>EMAIL ADDDRESS</u> 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 <u>TDLR website</u> or reach Customer Service via <u>webform</u>. 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:

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REQUEST FOR A CHANGE IN LICENSE STATUS FORM ALL INFORMATION MUST BE TYPED OR PRINTED				
				1. Change in Status:
I would like to put my license on inactive statuinactive status. (No Fee)	us. I am aware that my li	cense must be renewed	while it is on	
I would like to activate my license. I understar license can be activated. (\$25 cashier's check		my continuing educatior	n hours before my	
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) (F	PO Box is allowed for this address.)		
Number, Street Name, Suite Number/Apartment Number	City	State	Zip Code + 4	
5. Phone Number:	6. Email Address:			
(Area Code) Phone Number	See instruction sheet for disclosure information			
7. STATEM	MENT OF APPLICANT			
I certify that I will comply with app applicable provising Administrative Code, Title 16, Chapter 94. I understrevocation of the license I am requesting and the interest in the contract of the license I am requesting and the interest of the license I am requesting and the interest of the license I am requesting and the interest of the license I am requesting and the interest of the license I am requesting and the interest of the license I am requesting and the license I am	ions of the Texas Occup tand that providing false	information on this form		
Applicant Signature		D	Date Signed	