TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

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

1. APPLICANT NAME – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (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. If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. 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. 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.*** 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	MM/DD/YYYY	

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@gmai.com (See information sheet for disclosure information)

11. Signature and Date:

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