



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## COURT-ORDERED INSTRUCTOR LICENSE CHANGE OF INFORMATION AND DUPLICATE REGISTRATION REQUEST INSTRUCTIONS

1. LICENSEE'S NAME – Provide your legal name as it appears on your current license in the spaces provided. (Last Name, First Name, 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 for the instructor certification you are ordering.
6. LICENSE TYPE NEEDING AN INFORMATION CHANGE – Check the box(s) that applies for the license that needs the information change.
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 (ex; Driver's License, Birth Certificate or Marriage Certificate). 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. Please provide your email address so the department may email license information and required notices to you. 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. LICENSEE STATEMENT - 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, 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](#).



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## COURT-ORDERED INSTRUCTOR LICENSE CHANGE OF INFORMATION AND DUPLICATE REGISTRATION REQUEST

**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. FORMS RECEIVED WITHOUT THE FEE WILL NOT BE PROCESSED.**

1. Name:

\_\_\_\_\_

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

2. Social Security Number:

3. Date of Birth

4. License Number:

(See instruction sheet for disclosure information)

Month Day Year

### DUPLICATE CERTIFICATION REQUEST

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

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol Education Program for Minors Instructor (AEPM) | <input type="checkbox"/> DWI Education Instructor (DWIE)    |
| <input type="checkbox"/> Drug Offender Education Program Instructor (DOEP)      | <input type="checkbox"/> DWI Intervention Instructor (DWII) |

### NOTIFICATION OF CHANGE

6. Certification type the information needs to change:

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol Education Program for Minors Instructor (AEPM) | <input type="checkbox"/> DWI Education Instructor (DWIE)    |
| <input type="checkbox"/> Drug Offender Education Program Instructor (DOEP)      | <input type="checkbox"/> DWI Intervention Instructor (DWII) |

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

\_\_\_\_\_

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

8. Change my mailing address:

\_\_\_\_\_

Street Number and Name	Apt/Ste/Bld
------------------------	-------------

\_\_\_\_\_

City	State	Zip Code
------	-------	----------

9. Change my phone number:

10. Change my email address:

### LICENSEE STATEMENT

11. I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of TDLR rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_

Signature of Licensee

\_\_\_\_\_

Date Signed