



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## COURT-ORDERED PROGRAM APPLICATION FOR ADDRESS CHANGE INSTRUCTIONS

Each Court-Ordered Program provider desiring to change their mailing and/or physical address shall provide an application for approval that shall be in compliance with 16 TAC 90 and TDLR established guidelines to change the program's addresses. HB 1560 repealed satellite locations from rule; providers no longer have the option to add a satellite location to their providers' license. The following information shall be submitted to the address listed below.

1. LEGAL NAME/DBA OF PROVIDER – Enter the official name of the provider. This must be the name you are licensed under.
2. PROVIDER LICENSE NUMBER – Enter the license number of your business that is applying for the address change.
3. APPLICATION FEE – \$25.00 (NON-REFUNDABLE)
4. COURT-ORDERED PROGRAM – Indicate all programs located at the current physical location. **Do not send multiple applications for each program; send one application for the provider license.**
5. PROVIDER MAILING ADDRESS AND DESIGNATED CONTACT INFORMATION – Enter the mailing address, phone number, email address, and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the designated contact person's name, phone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public. All program providers must have a designated instructor endorsed to teach the same endorsement(s) as the provider.
6. PROGRAM/PROVIDER PHYSICAL ADDRESS – Enter the physical address. This address is the actual business location and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
7. STATEMENT OF APPLICANT – Application must be signed by the owner, officer or other authorized representative. You must print your name, sign and date the application.

### SEND YOUR COMPLETED APPLICATION AND FEE 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 [Texas Department of Licensing & Regulation website](http://www.tdlr.texas.gov) or reach the [Education and Examination Division via webform](#) where you can submit your request for assistance and include attachments as needed.



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## COURT-ORDERED PROGRAM APPLICATION FOR ADDRESS CHANGE

1. Legal Name and/or DBA of Provider:

2. Provider License Number:

3. Application Fee (Non-Refundable):

\$25.00

4. Court-Ordered Program: (check all programs offered at current location)

Alcohol Education Program for Minors

Drug Offender Education Program

DWI Education Program

DWI Intervention Program

5. Provider Mailing Address and Designated Contact Information:

(Used to receive mail from TDLR; P.O. BOX is allowed)

Street Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

Email Address

Phone Number

Web Address

Contact Person's Name

Contact's Phone Number

Contact's Email Address

6. Provider Physical Address: (Where permanent records are kept; P.O. BOX is *not* allowed)

Street Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

County

## 7. STATEMENT OF APPLICANT

By signing this application I certify that all information submitted on this application is true and accurate. I certify that I will comply with all applicable rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 90). I understand that providing false information on this application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Signature of Owner, Officer, or Authorized Representative

Date Signed

Printed Name of Owner, Officer, or Authorized Representative

Title