



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

DYSLEXIA THERAPIST AND DYSLEXIA PRACTITIONER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

Please sign and date the form and make your checks payable to the Texas Department of Licensing and Regulation.

1. APPLICANT NAME – Write 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(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 at:

www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH – Write your birthdate.
4. LICENSE NUMBER – Write 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 \$25.00 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 – Write 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. (You must also return any previously issued license and renewal cards with your former name before the new license is issued.)
8. NOTIFICATION: CHANGE MY MAILING ADDRESS – Write 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 – Write your new phone number, including the area code.
10. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
11. DATE AND SIGNATURE – Date and sign your request form. Changes to your record cannot be made if your request is not signed.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
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 at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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DO NOT WRITE ABOVE THIS LINE

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:

(See instruction sheet for disclosure information)

3. Date of Birth:

Month

Day

Year

4. License Number:

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

Therapist

Practitioner

NOTIFICATION OF CHANGE ONLY

6. Your License type:

(You must submit a copy of the legal document approving or indicating your name change).

Therapist

Practitioner

7. Change my name: (see instructions)

Last

First

Middle Name

Suffix

8. Change my mailing address:

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code

9. Change my phone number:

(_____) _____

Area Code Ph. Number

10. Change my email address:

(Ex: john.doe@gmail.com) See Instructions sheet for Disclosure)

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

Date