



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

APPRENTICE OR APPRENTICE SIGN ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST FORM INSTRUCTIONS

1. NAME – Write your name as it appears on your electrician license.
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 at:

www.texasattorneygeneral.gov/cs 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 electrician license.
5. REQUEST DUPLICATE LICENSE – Check this box if you want a duplicate of your license. Include the \$20 fee.
6. 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.**
7. 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 post office box.
8. CHANGE MY PHYSICAL ADDRESS – Write your new physical address. This address cannot be a post office box.
9. CHANGE MY PHONE NUMBER – Write your new phone number, including the area code.
10. CHANGE MY EMAIL ADDRESS – Write your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (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. 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 FORM AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with this form will not be returned. Keep a copy of your completed request, 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).



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

APPRENTICE OR APPRENTICE SIGN ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

DO NOT WRITE ABOVE THIS LINE

DUPLICATE LICENSE FEE: \$20 (FEE IS NON-REFUNDABLE)

1. Name: (as it appears on your license)

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:

DUPLICATE LICENSE REQUEST

5. I am requesting a duplicate/reprint of my license (\$20 fee required)

NAME CHANGE

6. Change My Name: (submit a copy of a government ID or legal document approving your name change)

Last, First, Middle Name, Suffix

CONTACT INFORMATION

7. Change My Mailing Address: (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

8. Change My Physical Address: (PO box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

9. Change My Phone Number:

(Area Code) Phone Number

10. Change My Email Address:

Email address (ex: johndoe@gmail.com) (See Instruction sheet for disclosure information)

11. Date and Signature:

Date Signed

Signature of Licensee