



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Write your name as it appears on your electrician, wireman, or appliance installer 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 license.
5. LICENSE TYPE – Select the license type you want to update and/or request a duplicate license
6. DUPLICATE LICENSE REQUEST – Check this box if you want a duplicate of your license. Include the \$25 fee.
7. 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.
8. 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.
9. CHANGE MY PHYSICAL ADDRESS – Write your new physical address. This address cannot be a post office box.
10. CHANGE MY PHONE NUMBER – Write your new phone number and include your area code.
11. 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.
12. DATE AND SIGNATURE – Date and sign your request form. Changes to your record cannot be made if your request is not signed.



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

DO NOT WRITE ABOVE THIS LINE

DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)

1. Name: (As it appears on your electrician license)

Last, First Name, Middle Initial, Suffix (JR, SR, III)

2. Social Security Number:

(See instruction sheet for disclosure information) _____

3. Date of Birth:

Month/Day/Year

4. License Number:

5. License Type:

- Journeyman Electrician
 Master Electrician
 Maintenance Electrician
 Residential Wireman
 Journeyman Sign Electrician
 Master Sign Electrician
 Residential Appliance Installer

DUPLICATE LICENSE REQUEST

6. I am requesting a duplicate/reprint of my license (\$25 fee required)

NAME CHANGE

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

Last, First, Middle Name, Suffix

CONTACT INFORMATION

8. Change My Mailing Address: (PO box can be used for the address)

Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

9. Change My Physical Address: (PO box cannot be used for the address)

Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

10. Change My Phone Number

(Area Code) Phone Number

11. Change My Email Address

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

12. Date and Signature:

Date Signed

Signature of Licensee