



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

### **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 [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

### **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](#).



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## ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

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

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

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix

**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