



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
PO Box 12157 ● Austin, Texas 78711-2157  
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871  
www.tdlr.texas.gov ● cs.legal.service.contracts@tdlr.texas.gov

## FOR-PROFIT LEGAL SERVICE CONTRACTS COMPANY OR ADMINISTRATOR NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. BUSINESS NAME – Write the business name as it appears on the TDLR issued registration.
2. REGISTRATION NUMBER– Write the complete TDLR registration number for the business.
3. REGISTRATION TYPE - Select the license type you want to change and/or request a duplicate registration.
4. DUPLICATE LICENSE REQUEST - Check this box if you want a duplicate of the business registration certificate. Include the \$25 fee.
5. CHANGE MY BUSINESS NAME - Write the new business name as it will appear on the certificate. If there is more than one business name, an assume name certificate is required. If the business is incorporated, contact the Texas Secretary of State's office for a certificate. If the business is not incorporated, contact your local county clerk's office. Additionally, you must submit a new form of financial security method that shows the new business name.
6. CHANGE MY MAILING ADDRESS - Write your new business mailing address in the spaces provided. This is the address where we will send mail to the business. This address can be a post office box.
7. CHANGE MY PHYSICAL ADDRESS - Write new business physical address. This address cannot be a post office box.
8. CHANGE MY PHONE NUMBER - Write your new business phone number and include your area code.
9. 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.
10. CHANGE MY POINT OF CONTACT - Write the name and title of the new point-of-contact for the business. This is the person we will contact about the business.
11. CHANGE MY ADMINISTRATOR - Write the name and TDLR registration number of the new administrator for the LSC company.
12. CHANGE THE LSC COMPANY I REPRESENT - Write the name and TDLR registration number of the new for-profit LSC company you now represent as an administrator.
13. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



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**FOR-PROFIT LEGAL SERVICE CONTRACTS COMPANY OR ADMINISTRATOR**  
**NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST**

<b>DO NOT WRITE ABOVE THIS LINE</b>	
<b>DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE) (NO PERSONAL CHECKS ACCEPTED)</b>	
1. Business Name: _____	
2. Registration Number: _____	3. Registration Type: <input type="checkbox"/> Administrator <input type="checkbox"/> Company
<b>DUPLICATE LICENSE REQUEST</b>	
4. <input type="checkbox"/> I am requesting a duplicate/reprint of my license (\$25 fee required)	
<b>BUSINESS NAME CHANGE</b>	
5. Change My Business Name: _____	
<b>CONTACT INFORMATION</b>	
6. Change My Mailing Address: (PO box can be used for the address)	
Number, Street Name, Suite Number _____	
City _____	State _____
Zip Code _____	
7. Change My Physical Address: (PO box cannot be used for the address)	
Number, Street Name, Suite Number _____	
City _____	State _____
Zip Code _____	
8. Change My Phone Number: (____) _____ Area Code      Phone Number	9. Change My Email Address: _____ Email address (ex: johndoe@aol.com) (See Instruction sheet for disclosure information)
10. Change My Point of Contact: (Print name)	
_____ Last	_____ First
_____ Title	
11. Change My Administrator: (Print name)	
_____ Name	_____ TDLR Registration Number
12. Change the LSC company I represent as an administrator: (Print name)	
_____ Name	_____ TDLR Registration Number
13. Date and Signature:	
_____ Date Signed	_____ Signature of Licensee