



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MESSAGE THERAPY INDIVIDUAL REQUEST FOR DUPLICATE LICENSE AND NOTIFICATION OF CHANGE INSTRUCTIONS

All information provided must be typed or printed in **black ink**.

1. LICENSEE'S NAME – Provide your legal name as it appears on your current license in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. SOCIAL SECURITY NUMBER – Provide your Social Security Number. Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code 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 – Provide your birthdate.
4. LICENSE NUMBER – Provide your complete certificate number as it appears on your certificate
5. DUPLICATE LICENSE REQUEST – Select the appropriate box for the license that applies. Non-refundable fee of \$25
6. INFORMATION NEEDS TO CHANGE ON – Select the box(es) that applies for the certification you need to change information on.
7. NOTIFICATION: CHANGE MY NAME – Provide your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change (ex; Government Issued ID, Court Petition for name change, Birth Certificate, Marriage Certificate or Divorce Decree).
8. NOTIFICATION: CHANGE MY MAILING ADDRESS – Provide 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 – Provide your new phone number, including the area code.
10. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Provide your new email address. Please provide your email address so the department may email license information and required notices to you. By providing my email address I authorize 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. LICENSEE STATEMENT – 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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DUPLICATE LICENSE FEE: \$25.00 (FEE IS NON-REFUNDABLE)

All information provided must be typed or printed in **black ink**

1. Name:

Last Name First Name Middle Name Suffix

2. Social Security Number:

(See instruction sheet for disclosure information)

3. Date of Birth:

Month/Day/Year

4. License Number:

DUPLICATE CERTIFICATE REQUEST

5. Duplicate License Request (check the box that applies, \$25 fee required)

Message Therapist Message Therapist Instructor

NOTIFICATION OF CHANGE (No Cost)

6. Certification type the information needs to change on: (check the box that applies) (no fee)

Message Therapist Message Therapist Instructor

7. Change my name: (see instructions)

Last Name First Name 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) Phone Number

10. Change my email address:

Ex: john.doe@gmail.com See instruction sheet for disclosure information

11. LICENSEE STATEMENT

I certify that I have read and will comply with all applicable laws and rules of the Massage Therapy Program including Texas Occupations Code, Chapter 51 and 455; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 117. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the possible imposition of administrative penalties.

Signature of Licensee

Date Signed