# MOLD INDIVIDUAL REQUEST FOR DUPLICATE LICENSE/REGISTRATION OR CHANGE OF CONTACT INFORMATION INSTRUCTIONS

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

<table>
<thead>
<tr>
<th>1. LICENSEE’S NAME</th>
<th>Write 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.)</th>
</tr>
</thead>
</table>
| 2. 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 at:  
[www.oag.state.tx.us/child/index](http://www.oag.state.tx.us/child/index) 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. DUPLICATE LICENSE REQUEST | Check the appropriate box if you want a duplicate of your license and include the $25 fee. Forms received without fee(s) will not be processed. |
| 6. LICENSE TYPE THE INFORMATION NEEDS TO CHANGE ON | Check the box(s) that applies for the license you need to change information on. |
| 7. NOTIFICATION: 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 (ex: Driver’s License, Birth Certificate or Marriage Certificate). If you want an updated copy of your license or registration that shows your new name, you must submit the $25 duplicate license fee/registration fee with this request. |
| 8. NOTIFICATION: 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 PO Box. |
| 9. NOTIFICATION: CHANGE MY PHONE NUMBER | Write your new phone number, including the area code. |
| 10. NOTIFICATION: 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. 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. |
DO NOT WRITE ABOVE THIS LINE

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

1. Name:

   Last Name    First Name    Middle Name    Suffix

2. Social Security Number:

3. Date of Birth:

   Month           Day          Year

(See instruction sheet for disclosure information)

4. TDLR License/registration Number:

5. Duplicate License Request: (check one) ($25 Fee Required)

   □ Mold Assessment Consultant  □ Mold Assessment Technician  □ Mold Remediation Worker

   □ Mold Remediation Contractor

6. Change of Information: (check one) (no fee)

   □ Mold Assessment Consultant  □ Mold Assessment Technician  □ Mold Remediation Worker

   □ Mold Remediation Contractor

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:  10. Change my email address:

   Area Code    Phone Number    Ex: johndoe@gmail.com  See instruction sheet for disclosure information

11. LICENSEE STATEMENT

I certify that I have read and will comply with all applicable provisions of the Mold Assessors and Remediators Act; Texas Occupations Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative Rules and the department’s universal rules at 16 Texas Administrative Code, Chapter 78 and Chapter 60. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

   Signature of Licensee    Date Signed