TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MOLD COMPANY REQUEST FOR DUPLICATE LICENSE OR CHANGE OF CONTACT INFORMATION INSTRUCTIONS

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

1. NAME OF THE BUSINESS – Write the name of the business as it appears on your license along with the business license number.
2. DUPLICATE LICENSE REQUEST – Check the appropriate box for the license you are ordering.
3. LICENSE TYPE THE CHANGE WILL AFFECT – Place a check in the box of the type of license you are changing. Submit a $25 duplicate/updated license fee with this form, if you want an updated license that shows the new name. (See item two).
4. BUSINESS NAME CHANGE ONLY – If you are changing the legal name of your business or Dba list them here along with the state tax payer's identification number**. Change of ownership requires a new license. Submit proof of compliance with insurance requirements in accordance with §78.40 showing new business name.**
5. CHANGE BUSINESS MAILING ADDRESS – Write the new mailing address in the spaces provided for your business. This is the address where we will send you mail. This address can be a post office box.
6. CHANGE BUSINESS PHYSICAL ADDRESS – Write the new physical address in the spaces provided for your business. This address cannot be a post office box.
7. CHANGE OF THE TEXAS OFFICE PHYSICAL ADDRESS – Write the new physical address in the spaces provided for your business. This address cannot be a post office box.
8. CHANGE BUSINESS PHONE NUMBER – Write your new phone number, including the area code.
9. CHANGE BUSINESS EMAIL ADDRESS – 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.
10. RESPONSIBLE PERSON(S) INFORMATION – List the name of the individuals and their information that will be responsible for the operations of the business and compliance with TDLR rules.
    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.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
11. STATEMENT OF PERSON COMPLETING THIS FORM – Complete all requested contact information and carefully read the statement before dating and signing form. 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. The section must have the new designee's signature and date before the replacement or changes can be processed.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
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 you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at https://www.tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments as needed at https://www.tdlr.texas.gov/help. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

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DO NOT WRITE ABOVE THIS LINE

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

1. Name of the Business:	Business License Number:

Please Print

DUPLICATE LICENSE REQUEST

2. Duplicate License/Certificate Request: (check one) **($25 Fee Required**)

☐ Mold Analysis Laboratory ☐ Mold Assessment Company ☐ Mold Remediation Company

NOTIFICATION OF BUSINESS INFORMATION CHANGE

3. License type the change will affect: (check one) (no fee)

☐ Mold Analysis Laboratory ☐ Mold Assessment Company ☐ Mold Remediation Company

4. Business name change only: **(send in legal documentation of name change) (Change of ownership requires a new license)**

Legal Business Name: _____

Dba name: (if applicable)

5. Change Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City State Zip Code

6. Change Physical Address: (PO box cannot be used for this address)

(Number, Street Name/Apartment Number)

City State Zip Code

7. Change Texas Office Physical Address: (PO box cannot be used for this address)

City State Zip Code

8. Change Phone Number: _____

Area Code Ph. Number

9. Change Email Address: _____

(Ex: johndoe@gmail.com) See Instructions sheet for Disclosure)

10. CHANGE RESPONSIBLE PERSON'S INFORMATION

Name: _____ Birthdate: _____

Social Security Number: (see instructions sheet for disclosure information) _____

Phone number: _____ Email Address: _____

Area Code Number Ex: johndoe@aol.com) See item 9 of Instructions sheet for Disclosure)

11.	STATEMENT OF PERSON COMPLETING THIS FORM

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 Responsible Person or Owner

Date