TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

MOTORCYCLE INSTRUCTOR
NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR REQUEST WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED REQUEST AND ALL ATTACHMENTS.

1. NAME – Indicate your name as it appears on your license in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. LICENSE NUMBER – Indicate your complete license number as it appears on your license.
3. DATE OF BIRTH – Indicate your birth date.
4. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
5. REQUEST TYPE – Check the appropriate box that applies to your request.
6. REQUESTING NAME CHANGE – Provide your new legal name in the space provided. You must submit a copy of a legal document approving your name change (ex: Driver's License, Birth Certificate or Marriage Certificate).
7. CHANGE OF MAILING ADDRESS – Provide your updated current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. CHANGE OF PHYSICAL ADDRESS – Provide your updated physical address. This address cannot be a post office box.
9. CHANGE OF EMAIL ADDRESS – Provide your updated 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.
10. CHANGE OF PHONE NUMBER – Provide your updated telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
11. SIGNATURE – Sign and Date your request form. Changes to your record cannot be made if your request is not signed.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request and all attachments.

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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This completed form must be accompanied by all required documents.

1. Name:

Last _____ First _____ Middle _____

2. License Number: _____

3. Date of Birth: _____ MM/DD/YYYY

4. Social Security Number: _____ See Instruction Sheet for Disclosure Information

5. Request Type: (Check the box that applies to your request)

☐ **Requesting a duplicate of my license.**

☐ **Requesting to update my license as I have indicated below.**

NAME CHANGE

6. Requesting Name Change: (Submit a copy of a government ID or legal document approving your name change)

Last _____ First _____ Middle _____ Suffix _____

CONTACT INFORMATION CHANGE

7. Change of Mailing Address:

P.O. Box, Street Number, Name, Apt/Ste _____ City _____ State _____ Zip Code + 4 _____

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

Street Number and Name, Apt/Bldg/Ste _____ City _____ State _____ Zip Code _____

9. Change of Email Address: _____

ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

10. Change of Phone Number: _____

(Area Code) Phone Number

11. SIGNATURE

Signature of Applicant _____ Date Signed _____