



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ATV INSTRUCTOR NOTICE OF CHANGE 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 II. (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](#).
5. 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).
6. 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.
7. CHANGE OF PHYSICAL ADDRESS – Provide your updated physical address. This address cannot be a post office box.
8. 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.
9. 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.
10. 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](#). 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).



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ATV INSTRUCTOR NOTICE OF CHANGE LICENSE REQUEST

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

NAME CHANGE

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

Last First Middle Suffix

CONTACT INFORMATION CHANGE

6. Change of Mailing Address:

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

7. Change of Physical Address: (P.O. Box cannot be used for this address)

Street Name, Number, Apt/Ste # City State Zip Code

8. Change of Email Address:

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

9. Change of Phone Number:

(Area Code) Phone Number

10. SIGNATURE

Signature of Applicant Date Signed