



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ORTHOTISTS AND PROSTHETISTS CHANGE OF FACILITY SAFETY MANAGER INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Fees may be paid by check or money order. Do not send cash.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME OF THE FACILITY – Write the name of the facility as it should appear on your license
2. TYPE OF FACILITY – Place a check in the of the type of facility you are changing information on.
3. ACCREDITATION NUMBER –
4. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
5. PHYSICAL ADDRESS – This is the physical location of your business. Do not use a post office box for this address.
6. PHONE NUMBER – Write a 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.
7. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
8. NAME OF SAFETY MANAGER – Print your name, license number, the date you became the safety manager and signature.
9. STATEMENT OF APPLICANT – Complete all requested contact information and carefully read the statement before dating and signing form.

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

This completed form and the application fee
APPLICATION FEE: \$50 (FEE IS NON-REFUNDABLE)

1. Name of the Facility:

Please Print

2. Type of Facility: Orthotist Prosthetist Orthotist/Prosthetist 3. Accreditation#:

4. Mailing Address:

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

City State Zip Code

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

(Number, Street Name/Apartment Number)

City State Zip Code

6. Phone Number:

() -
Area Code Ph. Number

7. Email Address:

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

8. Name of Safety Manager:

License# (if licensed):

Please Print

Date became Safety Manager at this facility:

Signature

10. STATEMENT OF PERSON COMPLETING THIS FORM

I declare that all information on this form is accurate and true. I understand that providing false information on this application may result in denial of the license and/or revocation of the license I am requesting and the imposition of administrative penalties.

Printed name and title of the person completing this form

Phone Number (Area Code – Phone Number)

Email Address (ex: johndoe@gmail.com) Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public

Signature of person completing this form

Date