



## POLYGRAPH EXAMINER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Write your name as it appears on your polygraph examiner license.
2. SOCIAL SECURITY NUMBER - Social Security Number disclosure is required by Section 231.302(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 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 polygraph examiner license.
5. NOTIFICATION OF CHANGE ONLY - Check the appropriate boxes if you wish to make changes to your name or contact information, such as your telephone number, mailing address, or email address.
6. DUPLICATE LICENSE REQUEST - Check this box if you want a duplicate of your polygraph examiner license. You must include the \$25 fee.
7. 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. If you want an updated copy of your license that shows your new name, you must submit the \$25 duplicate license fee with this request.
8. 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 post office box.
9. CHANGE MY PHONE NUMBER - Write your new phone number, including your area code.
10. 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. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
11. CHANGE MY PHYSICAL ADDRESS - Write your new physical address. . This address cannot be a post office box.
12. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
 PO Box 12157 • Austin, Texas 78711-2157  
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
 www.tdlr.texas.gov • cs.polygraph.examiners@tdlr.texas.gov

**POLYGRAPH EXAMINER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST**

DO NOT WRITE ABOVE THIS LINE			
<b>DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)</b>			
<b>1. Name:</b> (As it appears on your polygraph examiner license)			
_____	_____	_____	_____
Last	First	Middle Initial	Suffix (JR, SR, III)
<b>2. Social Security Number:</b> (See instruction sheet for disclosure information) _____			
<b>3. Date of Birth:</b> ____ - ____ - ____ <small>Month Day Year</small>		<b>4. License Number:</b> _____	
<b>5. Notification of Change Only:</b> (No Cost) <input type="checkbox"/> Notice of name change (documentation required) <input type="checkbox"/> Notice of contact information change		<b>6. Duplicate License Request (\$25 Fee Required)</b> <input type="checkbox"/> I am requesting a duplicate of my license	
NAME CHANGE			
<b>7. Change My Name:</b> (submit a copy of a government ID or legal document approving your name change)			
_____	_____	_____	_____
Last	First	Middle Initial	Suffix (JR, SR, III)
CONTACT INFORMATION			
<b>8. Change My Mailing Address:</b> (PO box can be used for this address)			
Number, Street Name, Suite Number/Apartment Number			
City		State	Zip Code
<b>9. Change My Phone Number:</b> (____) _____ <small>Area Code Phone Number</small>		<b>10. Change My Email Address:</b> _____ <small>E-mail Address (Ex: johndoe@aol.com) See instruction sheet for disclosure information)</small>	
<b>11. Change My Physical Address:</b> (PO box cannot be used for this address)			
Number, Street Name, Suite Number/Apartment Number			
City		State	Zip Code
<b>12. Date and Signature:</b>			
_____		_____	
Date Signed		Signature of Applicant	