



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

PTC NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Write your name as it appears on your PTC 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 or call (512) 460-6000 or (800) 252-8014.
3. DATE OF BIRTH – Write your birthdate.
4. PTC LICENSE NUMBER – Write your complete license number as it appears on your PTC license.
5. NOTIFICATION OF CHANGE ONLY – Check the boxes that show the changes you wish to make to your Information on file with TDLR.
6. DUPLICATE LICENSE REQUEST – Check this box if you want a duplicate of your license and 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 license that shows your new name, you must include the \$25 duplicate/updated license fee.
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 the 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 EMPLOYER NAME & ADDRESS – Write your employer's business name, address and phone number.
12. CHANGE MY TEXAS RESIDENT AGENT – Write your Texas Resident Agent's address, phone number, and email address in the spaces provided.
13. DATE AND SIGNATURE – Date and sign your request form. Changes to your record cannot be made if your request is not signed.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, all attachments, and your check or money order payable to TDLR. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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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PTC NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

DUPLICATE LICENSE FEE: \$25.00 (FEE IS NON-REFUNDABLE)

1. Name: (As it appears on your PTC license)

_____ Last _____ First _____ Middle _____ Suffix

2. Social Security Number:

_____ See instruction sheet for disclosure information

3. Date of Birth:

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4. PTC License Number:

5. Notification of Change Only: (No Cost)

- My contact information changed
- My employer and/or Texas agent changed

6. Duplicate License Request (\$25 Fee Required)

- I am requesting a duplicate of my license

7. Change My Name: (documentation is required)

_____ Last _____ First _____ Middle _____ Suffix

8. Change My Mailing Address: (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____

9. Change My Phone Number:

_____ (Area Code) Phone Number

10. Change My Email Address:

_____ See instruction sheet for disclosure information

11. Change My Employer Name & Address:

New Employer Name

Number, Street Name, Suite Number

City _____ State _____ Zip Code _____

Employer Phone Number:

_____ (Area Code) Phone Number

12. Change My Resident Texas Agent:

Number, Street Name, Suite Number

City _____ State _____ Zip Code _____

Agent Phone Number:

_____ (Area Code) Phone Number

Agent Email Address:

_____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information

13. Date and Signature:

_____ Date Signed

_____ Signature of Licensee