



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SANITARIAN NOTICE ON CHANGE OF INFORMATION AND DUPLICATE REGISTRATION REQUEST INSTRUCTIONS

All information provided must be typed or printed in **black ink**.

1. LICENSEE'S NAME – Write your legal name as it appears on your current 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. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code 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. LICENSE NUMBER – Write your complete license number as it appears on your license.
5. DUPLICATE LICENSE REQUEST – Check the appropriate box for either the license you are ordering.
6. LICENSE TYPE THE INFORMATION NEEDS TO CHANGE ON – Check the box(s) that applies for the license you need to change information on.
7. NOTIFICATION: 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 (ex; Driver's License, Birth Certificate or Marriage Certificate). 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. NOTIFICATION: 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 PO Box.
9. NOTIFICATION: CHANGE MY PHONE NUMBER – Write your new phone number, including the area code.
10. NOTIFICATION: 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. By providing my email address I authorize 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.
11. LICENSEE STATEMENT – 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, 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 needed at <https://www.tdlr.texas.gov/help> or (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

DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR. FORMS RECEIVED WITHOUT THE FEE WILL NOT BE PROCESSED

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Social Security Number:

3. Date of Birth:

4. License Number:

(See instruction sheet for disclosure information)

Month Day Year

DUPLICATE LICENSE REQUEST

5. Duplicate License Request: (place a check in the license requested) **(\$25 Fee Required)**

Sanitarian in Training

Registered Sanitarian

NOTIFICATION OF CHANGE

6. License type the information needs to change:

Sanitarian in Training

Sanitarian Professional

7. Change my name: (see instructions)

Last Name

First Name

Middle Name

Suffix

8. Change my mailing address:

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

City

State

Zip Code

9. Change my phone number:

10. Change my email address:

Area Code Phone Number

Ex: john.doe@gmail.com See instruction sheet for disclosure information

11. LICENSEE STATEMENT

I understand that it is a violation of Texas Department of Licensing and Regulation rules and the Texas Penal Code 37.10 to submit any false or fraudulent information or documents to obtain a certificate of registration. All information I have provided on this request is true, correct, and complete to the best of my knowledge.

Signature of Licensee

Date Signed