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

1. LICENSEE'S NAME – Provide 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 III. (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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
3. DATE OF BIRTH – Provide your birth date.
4. LICENSE NUMBER – Provide 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 – Provide 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 – Provide 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 – Provide your new phone number, including the area code.
10. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Provide your new email address. 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 – 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:

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 your check or money order. Do not send cash.

For additional information and questions, visit the ***TDLR website*** or reach Customer Service via ***TDLR 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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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:

(See instruction sheet for disclosure information)

3. Date of Birth:

MM/DD/YYYY

4. License Number:

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:

(Area Code) Phone Number

10. Change my email address:

Ex: johndoe@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