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.tax.professionals@tdlr.texas.gov

CHANGE OF EMPLOYER NOTIFICATION FORM INSTRUCTIONS

1. REGISTRATION NUMBER - Write your TDLR registration number as it appears on your certificate.

2. ARE YOU EMPLOYED BY THE ELECTED COUNTY ASSESSOR - Check YES or NO to indicate if you are employed by the elected county assessor-collector. If YES, you are no longer required to register.

3. NAME - Write your name as it appears on your TDLR registration.

4. MAILING ADDRESS - Write your mailing address in the space provided. This is the address where we will send you mail. This address can be a post office box.

5. PHONE NUMBER - Write your phone number, including the area code, where we can contact you during the day or leave a message.

6. E-MAIL ADDRESS - Write your e-mail address. TDLR will use your e-mail address only for the purpose of communicating with you electronically in a manner which protects your e-mail address from disclosure under the Public Information Act.

7. NAME OF NEW EMPLOYER - Write the name of your new employer as it appears on its TDLR registration.

8. NEW EMPLOYER TAXING ENTITY ID NUMBER - Write your new employer's TDLR issued taxing entity ID number.

9. EMPLOYER'S STATEMENT - This section must be completed and signed by your new employer.

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FOR LICENSING USE ONLY

CHANGE OF EMPLOYER NOTIFICATION FORM

FOR FINANCIAL SERVICES USE ONLY

DO NOT WRITE ABOVE THIS LINE

1. Registration Number: _____

2. Are you employed by the elected county assessor-collector? ☐ **Yes** ☐ **No**

IF YOU ARE AN ELECTED COUNTY ASSESSOR-COLLECTOR OR THEIR EMPLOYEE, REGISTRATION IS NO LONGER REQUIRED.

3. Name: (as it appears on your PTP registration)

_____ Last | _____ First | _____ Middle Initial | _____ Suffix (JR, SR, III)

4. Mailing Address: (Used to receive mail from TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number, Apartment Number

City | State | Zip Code

5. Phone Number: (_____) _____ (Area Code / Phone Number)

6. E-Mail Address: _____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information

7. Name of New Employer: _____

8. Employer Taxing Entity ID Number: _____

9. EMPLOYER'S STATEMENT

THIS SECTION MUST BE COMPLETED BY YOUR EMPLOYER

The applicant, _____, is employed by _____

and is actively engaged in: (check one) ☐ Appraising ☐ Assessing/Collecting ☐ Collecting (only)

Employer Taxing Entity ID Number: (Issued by TDLR) _____

Employer Address: (Used to receive mail from TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number

City | State | Zip Code

Employer Phone Number: (_____) _____ (Area Code / Phone Number)

Employer E-Mail Address: _____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information

Employer Title: _____ **Employer Name:** _____ (Print Name)

_____ Employer Signature | _____ Date Signed