



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. EMAIL ADDRESS - Write your 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.
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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**CHANGE OF EMPLOYER NOTIFICATION FORM**

**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:** \_\_\_\_\_ **6. Email Address:** \_\_\_\_\_  
(Area Code) Phone Number (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:** \_\_\_\_\_ **Employer Email Address:** \_\_\_\_\_  
(Area Code) Phone Number (Ex: johndoe@aol.com) See instruction sheet for disclosure information

**Employer Title:** \_\_\_\_\_ **Employer Name:** \_\_\_\_\_  
Print Name  
 \_\_\_\_\_  
Employer Signature Date Signed