



## TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

### PTP NOTICE OF CHANGE, APPOINTMENT AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Write your name as it appears on your PTP 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](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014.
3. DATE OF BIRTH – Write your birthdate.
4. PTP REGISTRATION 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 personal 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. CHECK LICENSE TYPE - Check the license type(s) that you are requesting a duplicate.
8. CHANGE MY NAME - Write your new legal name in the spaces provided. You must submit a copy a government issued ID or 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 license fee.
9. 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.
10. CHANGE MY PHONE NUMBER - Write your new phone number, including your area code.
11. 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.
12. TAXING ENTITY INFORMATION - Write in the taxing entity's name and number.
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 APPLICATION 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, 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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## PTP NOTICE OF CHANGE, APPOINTMENT AND DUPLICATE LICENSE REQUEST

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

**1. Name:** (As it appears on your PTP registration)

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Suffix (JR, SR, III)

**2. Social Security Number:**

(See instruction sheet for disclosure information)

**3. Date of Birth:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Month

Day

Year

**4. PTP License Number:**

**5. Notification of Change Only:** (No Cost)

My contact information changed

I have been appointed Chief Appraiser (Go to #12)

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

I am requesting a duplicate of my license

**7. Check License Type(s):**

Appraiser

Collector

Assessor/Collector

**8. Change My Name:** (documentation required)

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Suffix (JR, SR, III)

**9. Change My 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

**10. Change My Phone Number:**

(\_\_\_\_) \_\_\_\_\_

Area Code Phone Number

**11. Change My Email Address:**

\_\_\_\_\_

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

**12. Taxing Entity Information:**

\_\_\_\_\_

Taxing Entity Name

\_\_\_\_\_

Taxing Entity ID Number

**13. Date and Signature:**

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Signature of Licensee