



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.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.

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.

[webform](#)

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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CHANGE OF EMPLOYER NOTIFICATION FORM

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