



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

PTP NOTICE OF CHANGE, APPOINTMENT AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Indicate 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 or call (512) 460-6000 or (800) 252-8014.
3. DATE OF BIRTH – Provide your birthdate.
4. PTP REGISTRATION NUMBER – Provide your complete license number as it appears on your PTC license.
5. NOTIFICATION OF CHANGE ONLY – Select the boxes that show the changes you wish to make to your personal information on file with TDLR.
6. DUPLICATE LICENSE REQUEST – Select this box if you want a duplicate of your license and include the \$25 fee.
7. CHECK LICENSE TYPE – Select the license type(s) that you are requesting a duplicate.
8. CHANGE MY NAME – Provide your new legal name in the spaces provided. You must submit a copy a gov-ernment 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 – Provide 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 – Provide your new phone number, including your area code.
11. CHANGE MY EMAIL ADDRESS – Provide your email address so the department may email license information and required notices to you. Your email address is confiden-tial pursuant to the Texas Public Information Act, and the department will not share it with the public.
12. TAXING ENTITY INFORMATION - Provide 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.

Q | / \ a a a a } a / { | { a a } a e a ^ . a . } . E a a a @ A O S U A ^ a . a | A a a & O ^ . q { ^ i A u i c a A a a A a a f | { E V @ A [webform](#) A
 , a | a | , A [^ A ^ a { a A [^ i A ^ ^ . a | A e . a c a } & A e a a & | a ^ A a a @ ^ } . A ^ a a a E O ^ . q { ^ i A u i c a A u ^ | a . ^ } a e a ^ . A
 a ^ A e a a a | A [] a e A @ ^ * @ O a e A c & | a a * A q | a e . D e a C e e D a e E J G E G A A a e A } | D A C F G A i H E i J J E i A u | a e A
 V a e E V O O K e e D a H E G i J E

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](#).



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
www.tdlr.texas.gov

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:

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