



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

PROPERTY TAX PROFESSIONAL REQUEST FOR A CHANGE IN LICENSE STATUS FORM INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in **black ink**. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, AND ALL ATTACHMENTS.

1. **CHANGE IN STATUS** - Check the appropriate box to indicate whether you want to set your license to inactive or active. If you want to activate your license, you must complete the required continuing education (CE) and pay a \$25 fee. If you want to inactivate your license, you are still required to renew your license every renewal period.
2. **ARE YOU EMPLOYED BY THE ELECTED COUNTY ASSESSOR-COLLECTOR** - 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 legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
4. **LICENSE NUMBER AND EXPIRATION DATE** - Write your PTP license number and expiration date.
5. **MAILING ADDRESS** - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
6. **PHONE NUMBER** - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **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.
8. **STATEMENT OF APPLICANT** - Carefully read the statement of applicant before you date and sign your application.

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, visit the [TDLR website](http://www.tdlr.texas.gov) or reach Customer Service via webform. The [webform](#) will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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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ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Change in Status:

- I would like to put my license on inactive status. I am aware that my license must be renewed while it is on inactive status. **(No Fee)**
- I would like to activate my license. I understand that I must complete my continuing education hours before my license can be activated. **(\$25 cashier's check or money order)**

2. If activating license, 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:

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

4. License Number and Expiration Date:

_____ License Number _____ Expiration Date

5. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____

6. Phone Number:

(_____) _____
Area Code Phone Number

7. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

8. STATEMENT OF APPLICANT

I certify that I will comply with app applicable provisions of the Texas Occupations Code, Title 7, Chapter 1151; Texas Administrative Code, Title 16, Chapter 94. I understand that providing false information on this form may result in revocation of the license I am requesting and the imposition of administrative penalties.

_____ Date Signed

_____ Applicant Signature