



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.common.workers@tdlr.texas.gov

TEMPORARY COMMON WORKER EMPLOYER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST FORM INSTRUCTIONS

Temporary common worker employer registrations cannot be transferred to another location.

A new application and fee must be submitted for a new location.

1. BUSINESS NAME – Write the business name as it appears on the current registration certificate.
2. LICENSE NUMBER– Write the complete registration number as it appears on the registration certificate issued by TDLR.
3. DUPLICATE LICENSE REQUEST - Check this box to request a duplicate of the business license. Include the \$25 fee with the request form.
4. CHANGE MY BUSINESS NAME - Write the new business name as it will appear on the license.
5. CHANGE MY MAILING ADDRESS - Write the new business mailing address in the spaces provided. This is the address where we will send mail to the business. This address can be a post office box.
6. CHANGE MY PHONE NUMBER - Write the new business phone number and include the area code.
7. CHANGE MY EMAIL ADDRESS – Write the 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.
8. UPDATE MY REGISTERED AGENT - Write the new name and contact information of the individual or entity designated by the business that we can contact.
9. OWNER SIGNATURE - The owner must date and sign the request form. Changes to your business record cannot be performed if your request form is not signed.



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TEMPORARY COMMON WORKER EMPLOYER
NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

DO NOT WRITE ABOVE THIS LINE

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

1. Business Name: (AS IT APPEARS ON YOUR LICENSE)

2. License Number:

DUPLICATE LICENSE REQUEST

3. I am requesting a duplicate/reprint of my license (\$25 fee required)

BUSINESS NAME CHANGE

4. Change My Business Name:

CONTACT INFORMATION

A license cannot be transferred to a new location. A new application must be submitted for the new location.

5. Change My Mailing Address: (PO box can be used for the address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

6. Change My Phone Number:
 (_____) _____
 Area Code Phone Number

7. Change My Email Address:

 Email address (ex: johndoe@aol.com) (See Instruction sheet for disclosure information)

8. Change my Registered Agent: (Print name)

 Last First Position at Labor Hall

Number, Street Name, Suite Number

City State Zip Code (_____) Phone Number
 Area Code

9. Owner Signature:

 Date Print Name Signature