



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.water.well@tdlr.texas.gov

WATER WELL DRILLER/PUMP INSTALLER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Write your name as it appears on your 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 – Write your birthdate.
4. LICENSE NUMBER– Write your complete license number as it appears on your license.
5. NOTIFICATION OF CHANGE ONLY - Check the appropriate boxes if you wish to make changes to your name or contact information, such as your telephone number, mailing address, or email address
6. DUPLICATE LICENSE - If you only want a duplicate of your license, check the duplicate license box and include a \$25 fee.
7. CHANGE MY NAME - Write your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change. If you want an updated copy of your license that shows your new name, you must submit the \$25 duplicate license fee with this request.
8. 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.
9. CHANGE MY PHONE NUMBER - Write your new phone number and include your area code.
10. CHANGE MY 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.
11. CHANGE MY BUSINESS ADDRESS - Write your new business physical address. This address cannot be a post office box.
12. CHANGE MY BUSINESS PHONE NUMBER - Write your new phone number and include your area code
13. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



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DO NOT WRITE ABOVE THIS LINE			
DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)			
1. Name: (As it appears on your license)			
_____	_____	_____	_____
Last	First	Middle Initial	Suffix (JR, SR, III)
2. Social Security Number: (See instruction sheet for disclosure information) _____			
3. Date of Birth: _____ - _____ - _____		4. License Number: _____	
Month	Day	Year	
5. Notification of Change Only: (No Cost)		6. Duplicate License: (\$25)	
<input type="checkbox"/> Notification of name change (Documentation required)		<input type="checkbox"/> I am request for a duplicate of my license	
<input type="checkbox"/> Notification of change in contact information			
NAME CHANGE			
7. Change My Name: (documentation required)			
_____	_____	_____	_____
Last	First	Middle Initial	Suffix (JR, SR, III)
CONTACT INFORMATION			
8. Change My Mailing Address: (PO box can be used for this address)			
Number, Street Name, Suite Number/Apartment Number			
City			
State			
Zip Code			
9. Change My Phone Number:		10. Change My Email Address:	
(_____) _____		_____	
Area Code	Phone Number	E-mail Address (Ex: johndoe@aol.com) See instruction sheet for disclosure information)	
11. Change My Business Address: (PO box is not allowed for this address)			
Number, Street Name, Suite Number/Apartment Number			
City			
State			
Zip Code			
12. Change My Business Phone Number:			
(_____) _____			
Area Code	Phone Number		
13. Date and Signature:			
_____		_____	
Date Signed		Signature of Licensee	