



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

WELL DRILLER / PUMP INSTALLER 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 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) before your license can be activated and you must include a \$25 activation fee. If you want to inactivate your license, no fee is required. However, you are still required to renew your license every renewal period.
2. NAME - Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
3. LICENSE NUMBER AND EXPIRATION DATE - Write your water well driller/pump installer license number and expiration date.
4. 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.
5. 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.
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. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 PO Box 12088 • Austin, Texas 78711-2157
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
 www.tdlr.texas.gov • cs.water.well@tdlr.texas.gov

WELL DRILLER/PUMP INSTALLER REQUEST FOR A CHANGE IN LICENSE STATUS FORM

Do Not Write Above This Line	
ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK	
1. Change in Status: <input type="checkbox"/> I would like to put my license on inactive status. (no fee required) I am aware that my license must be renewed while it is on inactive status. (No fee) <input type="checkbox"/> I would like to activate my license. I understand that I must complete my continuing education hours before my license can be activated. (\$25 fee)	
2. Name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> _____ Last _____ First _____ Middle Name _____ Suffix </div>	
3. License Number and Expiration Date: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> _____ License Number _____ Expiration Date </div>	
4. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="font-size: small; margin-top: 5px;"> Number, Street Name, Suite Number/Apartment Number <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> City State Zip Code </div> </div>	
5. Phone Number: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="font-size: x-small; margin-top: 5px;"> (_____) _____ Area Code Phone Number </div>	6. Email Address: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="font-size: x-small; margin-top: 5px;"> _____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information </div>
7. STATEMENT OF APPLICANT	
<p>I certify that I am in compliance with all applicable provisions of Chapters 51 and 1901 & 1902, Texas Occupations Code, and 16 Texas Administrative Code, Chapters 60 and 67. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 20%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Date Signed </div> <div style="width: 80%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Applicant Signature </div> </div>	