



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ATHLETIC TRAINER NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. **APPLICANT NAME** – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **SOCIAL SECURITY NUMBER** – Social Security Number disclosure is required by Section 231.302(c)(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.texasattorneygeneral.gov/cs
3. **DATE OF BIRTH** – Provide your birth date.
4. **LICENSE NUMBER** – Provide your complete license number as it appears on your license.
5. **DUPLICATE LICENSE REQUEST** – Check the box if you want a duplicate of your license and include the \$25 fee. (Fee is non-refundable)
6. **CONTACT INFORMATION CHANGE** – Check the box if you want to make changes to your name or contact information, such as your telephone number, mailing address, or email address.
7. **NOTIFICATION: CHANGE MY NAME** – Provide 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 indicate you want a duplicate license.
8. **NOTIFICATION: 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 PO Box.
9. **NOTIFICATION: CHANGE MY PHONE NUMBER** – Provide your new phone number, including the area code.
10. **NOTIFICATION: CHANGE MY EMAIL ADDRESS** – Provide your new email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
11. **DATE AND SIGNATURE** – Sign and date 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.

For additional information and questions, visit the [TDLR website](http://www.tdlr.texas.gov) or reach Customer Service via [webform](http://www.tdlr.texas.gov/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](http://www.tdlr.texas.gov/public-information-act-policy).



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

All information provided must be typed or printed in black ink.

1. Name:

Last First Middle Name Suffix

2. Social Security Number:

3. Date of Birth:

4. License Number:

See instruction sheet for disclosure information

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5. Duplicate License Request (check this box if you are ordering a duplicate license)(\$25 Fee Required)

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NOTIFICATION OF CHANGE ONLY

6. Contact Information Change: (check this box if you are changing personal contact information)

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7. Change my name: (see instructions)

Last First Middle Name Suffix

8. Change my mailing address:

(P.O. Box, Number, Street Name/Apartment Number)

City State Zip Code

9. Change my phone number:

10. Change my email address:

(Area Code) Phone Number

Ex: johndoe@gmail.com (See instruction page for disclosure information)

11. Date and Signature:

The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license, or the revocation of my license.

Signature of Licensee

Date Signed