



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## CODE ENFORCEMENT OFFICER NOTICE ON CHANGE OF INFORMATION AND DUPLICATE REGISTRATION REQUEST INSTRUCTIONS

1. LICENSEE'S NAME – Provide your legal name as it appears on your current license in the spaces provided. (Last Name, First Name, 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](#).
3. DATE OF BIRTH – Provide your birthdate.
4. LICENSE NUMBER – Provide your complete license number as it appears on your license.
5. DUPLICATE LICENSE REQUEST – Check the appropriate box for the license you are ordering.
6. LICENSE TYPE THE INFORMATION NEEDS TO CHANGE ON – Check the box(s) that applies for the license you need to change information on.
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 (ex; Driver's License, Birth Certificate or Marriage Certificate). 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. NOTIFICATION: CHANGE MY MAILING ADDRESS – Provide your new residential mailing address in the spaces provided. This is the address where we will send you mail. This address can be a P.O. Box.
9. NOTIFICATION: CHANGE MY PHONE NUMBER – Provide your new phone number, including the area code.
10. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (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. LICENSEE STATEMENT – Sign and date your request form. Changes to your record cannot be made if your request is not signed.

### **SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your request 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](#) 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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## CODE ENFORCEMENT OFFICER

### NOTICE ON CHANGE OF INFORMATION AND DUPLICATE REGISTRATION REQUEST

**DUPLICATE LICENSE FEE \$25.00 (FEE IS NON-REFUNDABLE)**

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR

**1. Name:**

Last

First

Middle

Suffix

**2. Social Security Number:**

**3. Date of Birth:**

**4. License Number:**

(See instruction sheet for disclosure information)

MM/DD/YYYY

### DUPLICATE LICENSE REQUEST

**5. Duplicate License Request:** (Select one) (\$25.00 Fee Required)

Code Enforcement Officer

Code Enforcement Officer in Training

### NOTIFICATION OF CHANGE

**6. License type the information needs to change:**

Code Enforcement Officer

Code Enforcement Officer in Training

**7. Change my Name:** (See instruction page)

Last

First

Middle

Suffix

**8. Change my Mailing Address:**

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

City

State

Zip Code + 4

**9. Change my Phone Number:**

**10. Change my Email Address:**

(Area Code) Phone Number

Ex: [john.doe@gmail.com](mailto:john.doe@gmail.com) (See instruction page for disclosure information)

**11.**

### LICENSEE SIGNATURE

I certify that I have read and will comply with all applicable provisions of the Code Enforcement Officers Act, Texas Occupations Code, Chapter 1952; Texas Occupations Code, Chapter 51; and 16 Texas Administrative Code, Chapter 62. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Applicant

Date Signed