



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

COURT-ORDERED INSTRUCTOR LICENSE 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 instructor certification you are ordering.
6. LICENSE TYPE NEEDING AN INFORMATION CHANGE – Check the box(s) that applies for the license that needs the information change.
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 mailing address in the spaces provided. This is the address where we will send you mail. This address can be a PO Box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
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. Please provide your email address so the department may email license information and required notices to you. 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. LICENSEE STATEMENT - 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, please 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, 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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DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO
TDLR. FORMS RECEIVED WITHOUT THE FEE WILL NOT BE PROCESSED.**

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Social Security Number:

3. Date of Birth

4. License Number:

(See instruction sheet for disclosure information)

MM/DD/YYYY

DUPLICATE CERTIFICATION REQUEST

5. Duplicate License Request: (place a check in the certification requested) **(\$25 Fee Required)**

Alcohol Education Program for Minors Instructor (AEPM)

DWI Education Instructor (DWIE)

Drug Offender Education Program Instructor (DOEP)

DWI Intervention Instructor (DWII)

NOTIFICATION OF CHANGE

6. Certification type the information needs to change:

Alcohol Education Program for Minors Instructor (AEPM)

DWI Education Instructor (DWIE)

Drug Offender Education Program Instructor (DOEP)

DWI Intervention Instructor (DWII)

7. Change my name: (see instructions)

Last Name

First Name

Middle Name

Suffix

8. Change my mailing address:

Street Number and Name

City

State

Zip Code + 4

9. Change my phone number:

10. Change my email address:

LICENSEE STATEMENT

11. I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of TDLR rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Licensee

Date Signed