



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## APPRENTICE OR APPRENTICE SIGN ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST FORM INSTRUCTIONS

1. NAME – Provide your name as it appears on your electrician license.
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 electrician license.
5. REQUEST DUPLICATE LICENSE – Check this box if you want a duplicate of your license. Include the \$20 fee.
6. 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.**
7. 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 post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. CHANGE MY PHYSICAL ADDRESS – Provide your new physical address. This address cannot be a post office box.
9. CHANGE MY PHONE NUMBER – Provide your new phone number, including the area code.
10. 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. SIGNATURE AND DATE – Sign and date your request form. Changes to your record cannot be made if your request is not signed.

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

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with this form will not be returned. Keep a copy of your completed request, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#). You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).



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## APPRENTICE OR APPRENTICE SIGN ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

**DUPLICATE LICENSE FEE: \$20 (FEE IS NON-REFUNDABLE)**

**1. Name:** (as it appears on your license)

Last

First

Middle

Suffix

**2. Social Security Number:**

(See instruction sheet for disclosure information)

**3. Date of Birth:**

MM/DD/YYYY

**4. License Number:**

### DUPLICATE LICENSE REQUEST

**5. I am requesting a duplicate/reprint of my license (\$20 fee required)**

### NAME CHANGE

**6. Change My Name:** (submit a copy of a government ID or legal document approving your name change)

Last

First

Middle

Suffix

### CONTACT INFORMATION

**7. Change My Mailing Address:** (PO box can be used for this address)

Number, Street Name Ste/Apt #

City

State

Zip Code + 4

**8. Change My Physical Address:** (PO box cannot be used for this address)

Number, Street Name Ste/Apt #

City

State

Zip Code

**9. Change My Phone Number:**

(Area Code) Phone Number

**10. Change My Email Address:**

Email address (ex: johndoe@gmail.com) (See Instruction sheet for disclosure information)

**11. Date and Signature:**

Signature of Licensee

Date Signed