TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Provide your name as it appears on your electrician, wireman, or appliance installer license.
2. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(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*** or call (512) 460-6000 or (800) 252-8014.
3. DATE OF BIRTH – Provide your birthdate.
4. LICENSE NUMBER– Provide your complete license number as it appears on your license.
5. LICENSE TYPE – Select the license type you want to update and/or request a duplicate license
6. DUPLICATE LICENSE REQUEST – Check this box if you want a duplicate of your license. Include the $25 fee.
7. 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.
8. 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.
9. CHANGE MY PHYSICAL ADDRESS – Provide your new physical address. This address cannot be a post office box.
10. CHANGE MY PHONE NUMBER – Provide your new phone number and include your area code.
11. 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.
12. 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 APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
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***. You can request assistance or submit required attachments via ***TDLR webform*** or fax (512) 475-2871. 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).

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***.

TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

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

1. Name: (As it appears on your electrician 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:

5. License Type:

☐ Journeyman Electrician ☐ Master Electrician ☐ Maintenance Electrician ☐ Residential Wireman

☐ Journeyman Sign Electrician ☐ Master Sign Electrician ☐ Residential Appliance Installer

DUPLICATE LICENSE REQUEST

6. ☐ **I am requesting a duplicate/reprint of my license ($25 fee required)**

NAME CHANGE

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

Last | First | Middle | Suffix

CONTACT INFORMATION

8. Change My Mailing Address: (PO box can be used for the address)

Number, Street Name, Ste/Apt # | City | State | Zip Code + 4

9. Change My Physical Address: (PO box cannot be used for the address)

Number, Street Name, Ste/Apt # | City | State | Zip Code

10. Change My Phone Number

(Area Code) Phone Number

11. Change My Email Address

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

12. Date and Signature:

Signature of Licensee | Date Signed