



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MOTOR FUEL METERING AND QUALITY SERVICE TECHNICIAN CHANGE OF DEVICE CATEGORY INSTRUCTIONS

You must submit this completed application to TDLR before scheduling your Texas examination. If your application is approved, we will contact the exam provider (PSI), and they will send you an email to schedule your Texas exam.

KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS.

1. NAME – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. TDLR LICENSE NO – Provide your service technician TDLR license number.
3. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. A post office box can be used as a mailing address. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
4. PHONE NUMBER – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number, where we can leave a message.
5. 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.
6. DEVICE CATEGORIES TO ADD – Select the device category(ies) you are requesting to add. You may choose more than one. You are required to take and pass an examination for each device category.
 - Low Flow: Devices with a maximum flow rate of 20 gallons per minute (GPM) (Formerly Class 5).
 - High Flow: Devices with a maximum flow rate of greater than 20 GPM (Formerly Class 6).
7. DEVICE CATEGORIES TO BE REMOVED – Select the device category(ies) of motor fuel metering devices on which you will no longer perform device maintenance activities.
8. ACKNOWLEDGMENT – After reading the statement, print your name and date the form. By providing your name, you acknowledge that you have read the statement and that you are aware of your responsibilities regarding the devices identified in this form.

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.

For additional information about the Motor Fuel Metering and Quality Program, please visit the [TDLR website](http://www.tdlr.texas.gov). 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](#).



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YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

1. Name

Last

First

Middle

Suffix

2. TDLR License No.

3. Mailing Address: (P.O. Box can be used for this address)

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

City

State

Zip Code + 4

4. Phone Number:

(Area Code) Phone Number

5. Email Address:

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

6. DEVICE CATEGORIES TO ADD

Select each device category you are requesting to add:

Low Flow (devices with a maximum flow rate of less than 20 GPM)

High Flow (devices with a maximum flow rate of 20 GPM or greater)

7. DEVICE CATEGORIES TO BE REMOVED

Select each device category you are requesting to be removed:

Low Flow (devices with a maximum flow rate of less than 20 GPM)

High Flow (devices with a maximum flow rate of 20 GPM or greater)

8. ACKNOWLEDGMENT

By signing and submitting this application, I certify that the information on this and any attached form is true and correct. I further certify that I will comply with all applicable provisions of the Texas Business and Commerce Code, Chapter 607; Texas Occupations Code, Chapters 51 and 2310; and Texas Administrative Code, Chapter 60 and 97. I understand that providing false information on this application may result in revocation and/or denial of the license I am requesting and the imposition of administrative penalties and sanctions.

Signature

Date Signed