



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

HEARING INSTRUMENT FITTERS AND DISPENSERS NOTICE OF CHANGE AND DUPLICATE LICENSE/PERMIT REQUEST INSTRUCTIONS

Documents submitted with your request will not be returned. Keep a copy of your completed request, all attachments and your Check or Money Order.

1. LICENSEE'S/PERMIT HOLDER'S NAME – Provide your legal name as it appears on your current license/permit 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/PERMIT NUMBER – Provide your complete license/permit number as it appears on your license.
5. DUPLICATE LICENSE/PERMIT REQUEST – Check the appropriate box if you want a duplicate of your license/permit and include the \$25 fee.
6. WHAT NEEDS TO BE CHANGED – Check the appropriate boxes if you want to make changes to your name or contact information, such as your telephone number, mailing address, or email address.
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/permit 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 4 digit code to the zip code.
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. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
11. LICENSEE/PERMIT HOLDER 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 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, 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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DUPLICATE LICENSE/PERMIT FEE: \$25 (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:

See instruction sheet for disclosure information

3. Date of Birth:

MM/DD/YYYY

4. License/Permit Number:

5. Duplicate License/Permit Request (place a check in the license/permit requested) (**\$25 Fee Required**)

☐ Hearing Instrument Fitter and Dispenser License ☐ Apprentice Permit ☐ Temporary Training Permit

NOTIFICATION OF CHANGE

6. Specify what needs to be changed:

☐ Name change ☐ Phone number change
☐ Mailing address change ☐ Email address change

7. Change my name: (see instructions)

Last Name First Name Middle Name Suffix

8. Change my mailing address:

P.O. Box, Number, Street Name/Apartment Number City State Zip Code+4

9. Change my phone number:

(Area Code) Phone Number

10. Change my email address:

Ex: john.doe@gmail.com See instruction sheet for disclosure information

11. Signature and Date:

I certify that I have read and will comply with all applicable provisions of the Hearing Instrument Fitter and Dispenser Act; Texas Occupation Code, Chapter 402 and Chapter 51; and the Hearing Instrument Fitters and Dispensers Administrative Rules; Texas Administrative Code, Chapter 112. I understand that providing false information on this form may result in denial of this request and/or the imposition of administrative penalties.

Signature of Licensee/Permit Holder Date Signed