



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## **MOLD INDIVIDUAL REQUEST FOR DUPLICATE LICENSE/REGISTRATION OR CHANGE OF CONTACT INFORMATION 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 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 if you want a duplicate of your license and include the \$25 fee. Forms received without fee(s) will not be processed.
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 or registration that shows your new name, you must submit the \$25 duplicate license fee/registration 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.
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:**

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/REGISTRATION FEE: \$25 (FEE IS NON-REFUNDABLE)**

1. Name:

\_\_\_\_\_  
Last First Middle Suffix

2. Social Security Number:

3. Date of Birth:

4. TDLR License/Registration Number:

(See instruction sheet for disclosure information)

MM/DD/YYYY

### DUPLICATE LICENSE/REGISTRATION REQUEST

5. Duplicate License Request: (check one) (\$25 Fee Required)

- ☐ Mold Assessment Consultant    ☐ Mold Assessment Technician    ☐ Mold Remediation Worker  
☐ Mold Remediation Contractor

### NOTIFICATION OF INFORMATION CHANGE

6. Change of Information: (check one) (no fee)

- ☐ Mold Assessment Consultant    ☐ Mold Assessment Technician    ☐ Mold Remediation Worker  
☐ Mold Remediation Contractor

7. Change my name: (see instructions)

\_\_\_\_\_  
Last Name First Name Middle Name Suffix

8. Change my mailing address:

\_\_\_\_\_  
Street Number and Name Apt/Ste/Bld

\_\_\_\_\_  
City State Zip Code

9. Change my phone number:

10. Change my email address:

### 11. LICENSEE STATEMENT

I certify that I have read and will comply with all applicable provisions of the Mold Assessors and Remediators Act; Texas Occupations Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative Rules and the department's universal rules at 16 Texas Administrative Code, Chapter 78 and Chapter 60. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date Signed