TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ORTHOTISTS AND PROSTHETISTS
CHANGE OF FACILITY SAFETY MANAGER INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Fees may be paid by check or money order. Do not send cash.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME OF THE FACILITY – Provide the name of the facility as it should appear on your license
2. TYPE OF FACILITY – Select the type of facility you are changing information on.
3. ACCREDITATION NUMBER – Indicate the facilities accreditation number.
4. MAILING ADDRESS – Provide your current mailing address. 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.
5. PHYSICAL ADDRESS – This is the physical location of your business. Do not use a post office box for this address.
6. 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.
7. EMAIL ADDRESS – Provide your 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.
8. NAME OF SAFETY MANAGER – Print your name, license number, the date you became the safety manager and signature.
9. STATEMENT OF APPLICANT – Complete all requested contact information and carefully read the statement before dating and signing 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, 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

ORTHOTISTS AND PROSTHETISTS
CHANGE OF FACILITY SAFETY MANAGER

THIS COMPLETED FORM MUST BE ACCOMPANIED BY ALL REQUIRED DOCUMENTS.

1. Name of Facility:

2. Type of Facility:
☐ Orthotist ☐ Prosthetist ☐ Orthotist/Prosthetist

3. Accreditation #:

4. Mailing Address: (Used to receive mail from TDLR) (P.O. Box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number | City | State | Zip Code + 4

5. Physical Address: (P.O. Box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number | City | State | Zip Code

6. Phone Number:
(Area Code) Phone Number

7. Email Address:
See Instruction Sheet for Disclosure Information

8. Name of Safety Manager:
Print Name

License # (If licensed):
(Area Code) Phone Number

Safety Manager Signature

Date became Safety Manager at this facility:
MM/DD/YYYY

9. STATEMENT OF PERSON COMPLETING THS FORM

I declare that all information on this form is accurate and true. I understand that providing false information on this form may result in denial and/or revocation of the license.

Form Completed By:
First Name, Middle Name, Last Name

Title of the person completing this form:

Phone Number:
(Area Code) Phone Number

Email Address:
See Instruction Sheet for Disclosure Information

Signature of person completing this form

Date Signed