



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov



PODIATRY DUPLICATE LICENSE / CERTIFICATE / PERMIT REQUEST AND CHANGE OF INFORMATION INSTRUCTION

All information provided must be typed or printed in black ink.

1. LICENSEE'S NAME – Write 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 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 at:

www.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH – Write your birthdate.
4. LICENSE NUMBER – Write your complete license number as it appears on your license.
5. DUPLICATE LICENSE REQUEST – Check the appropriate box for license certificate you are ordering. Forms received without fee(s) will not be processed. \$25 fee required.
6. DUPLICATE CERTIFICATE/PERMIT REQUEST – Check the appropriate box for the certificate or permit you are ordering. Forms received without fee(s) will not be processed. \$25 fee required.
7. LICENSE TYPE THE INFORMATION NEEDS TO CHANGE ON – Check the box(s) that applies for the license you need to change information on.
8. NOTIFICATION: CHANGE MY NAME – Write 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 that shows your new name, you must submit the \$25 duplicate license fee with this request.
9. NOTIFICATION: CHANGE MY MAILING ADDRESS – Write 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.
10. NOTIFICATION: CHANGE MY PHONE NUMBER – Write your new phone number, including the area code.
11. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Write 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. CERTIFICATE/PERMIT TYPE THE INFORMATION NEEDS TO CHANGE ON – Check the box(s) that applies for the certificate/permit you need to change information on.
13. NOTIFICATION: CHANGE MY NAME – Write 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 that shows your new name, you must submit the \$25 duplicate license fee with this request.

14. NOTIFICATION: CHANGE MY MAILING ADDRESS – Write 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.
15. NOTIFICATION: CHANGE MY PHONE NUMBER – Write your new phone number, including the area code.
16. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Write 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.
17. LICENSEE STATEMENT – Date and sign your request form. Changes to your record cannot be made if your request is not signed.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, 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](#).



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DO NOT WRITE ABOVE THIS LINE

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

DUPLICATE CERTIFICATE FEE: \$25 (FEE IS NON-REFUNDABLE)

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO
TDLR. FORMS RECEIVED WITHOUT THE FEE WILL NOT BE PROCESSED**

1. Name:

Last First Middle Suffix

2. Social Security Number:

3. Date of Birth:

4. License Number:

(See instruction sheet for disclosure information)

Month / Day / Year

DUPLICATE LICENSE REQUEST

5. Duplicate License Request: (check the box for the license requested) **(\$25 Fee Required)**

☐ Doctor of Podiatric Medicine (DPM)

DUPLICATE CERTIFICATE/PERMIT REQUEST

6. Duplicate Certificate Request: (check the box for the certificate requested) **(\$25 Fee Required)**

☐ Hyperbaric Oxygen (HBO) certificate ☐ Nitrous Oxide Oxygen (N2O) permit ☐ Temporary (DPM)

☐ Provisional (DPM) ☐ Podiatric Medical Radiological Technician

NOTIFICATION OF CHANGE ON LICENSE

7. License type the information needs to change: (check the box that applies)

☐ Doctor of Podiatric Medicine (DPM) ☐ Temporary (DPM) ☐ Provisional (DPM)

☐ Podiatric Medical Radiological Technician

8. Change my name: **(see instructions)**

Last, First, Middle Name

9. Change my mailing address:

(P.O. Box, Number, Street Name/Apartment Number)

City, State Zip Code

10. Change my phone number:

(Area Code) Zip Code

11. Change my email address:

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

NOTIFICATION OF CHANGE ON CERTIFICATE/PERMIT

12. Certificate type the information needs to change: (check the box that applies)

☐ Hyperbaric Oxygen (HBO) certificate ☐ Nitrous Oxide Oxygen (N2O) permit

13. Change my name: (see instructions)

Last, First, Middle Name

14. Change my mailing address:

(P.O. Box, Number, Street Name/Apartment Number)

City, State, Zip Code

15. Change my phone number:

(Area Code) Phone Number

16. Change my email address:

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

17. **LICENSEE STATEMENT**

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature of Licensee

Date Signed