



## TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

### PTC NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Provide your name as it appears on your PTC license.
2. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(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 birth date.
4. PTC LICENSE NUMBER – Provide your complete license number as it appears on your PTC license.
5. NOTIFICATION OF CHANGE ONLY – Check the boxes that show the changes you wish to make to your information on file with TDLR.
6. DUPLICATE LICENSE REQUEST – Check this box if you want a duplicate of your license and include the \$25 fee.
7. 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. If you want an updated license that shows your new name, you must include the \$25 duplicate/updated license fee.
8. 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 post office box.
9. CHANGE MY PHONE NUMBER – Provide your new phone number, including the area code.
10. 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. CHANGE MY EMPLOYER NAME & ADDRESS – Provide your employer's business name, address and phone number.
12. CHANGE MY TEXAS RESIDENT AGENT – Provide your Texas Resident Agent's address, phone number, and email address in the spaces provided.
13. SIGNATURE AND DATE – 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:**

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 payable to TDLR. 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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## PTC NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

**DUPLICATE LICENSE FEE: \$25.00 (FEE IS NON-REFUNDABLE)**

**1. Name:** (As it appears on your PTC license)

Last First Middle Suffix

**2. Social Security Number:**

See instruction sheet for disclosure information

**3. Date of Birth:**

MM/DD/YYYY

**4. PTC License Number:**

**5. Notification of Change Only:** (No Cost)

My contact information changed  
My employer and/or Texas agent changed

**6. Duplicate License Request** (\$25 Fee Required)

I am requesting a duplicate of my license

**7. Change My Name:** (documentation is required)

Last First Middle Suffix

**8. Change My Mailing Address:** (PO box can be used for this address)

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

**9. Change My Phone Number:**

(Area Code) Phone Number

**10. Change My Email Address:**

See instruction sheet for disclosure information

**11. Change My Employer Name & Address:**

New Employer Name

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

**Employer Phone Number:**

(Area Code) Phone Number

**12. Change My Resident Texas Agent:**

New Agent Name

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

**Agent Phone Number:**

(Area Code) Phone Number

**Agent Email Address:**

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

**13. Signature and Date:**

Signature of Licensee

Date Signed