



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

WELL DRILLER / PUMP INSTALLER REQUEST FOR A CHANGE IN LICENSE STATUS FORM 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. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. Do not use staples.

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

1. CHANGE IN STATUS - Check the box to indicate whether you want to set your license to inactive or active. If you want to activate your license, you must complete the required continuing education (CE) before your license can be activated and you must include a \$25 activation fee. If you want to inactivate your license, no fee is required. However, you are still required to renew your license every renewal period.
2. NAME - Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
3. LICENSE NUMBER AND EXPIRATION DATE - Provide your water well driller/pump installer license number and expiration date.
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. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
5. 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.
6. EMAIL ADDRESS - Write your email address. 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.
7. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
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](http://www.tdlr.texas.gov) 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) at (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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ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Change in Status:

- ☐ I would like to put my license in inactive status. (no fee required) I am aware that my license must be renewed while it is on inactive status. **(No fee)**
- ☐ I would like to activate my license. I understand that I must complete my continuing education hours before my license can be activated. **(\$25 fee)**

2. Name:

Last First Middle Name Suffix

3. License Number and Expiration Date:

License Number Expiration Date

4. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

5. Phone Number:

Area Code Phone Number

6. Email Address:

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

7. STATEMENT OF APPLICANT

I certify that I am in compliance with all applicable provisions of Chapters 51 and 1901 & 1902, Texas Occupations Code, and 16 Texas Administrative Code, Chapters 60 and 67. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

Applicant Signature

Date Signed