



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SANITARIAN NOTICE ON CHANGE OF INFORMATION AND DUPLICATE REGISTRATION REQUEST 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 birth date.
4. **LICENSE NUMBER** – Provide your complete license number as it appears on your license.
5. **DUPLICATE LICENSE REQUEST** – Check the appropriate box for either the license you are ordering.
6. **LICENSE TYPE THE INFORMATION NEEDS TO CHANGE ON** – Check the box(s) that applies for the license you need to change information on.
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 that shows your new name, you must submit the \$25 duplicate license 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. 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** – 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 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 [TDLR 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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DO NOT WRITE ABOVE THIS LINE

DUPLICATE LICENSE 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 Name _____ First Name _____ Middle Name _____ Suffix

2. Social Security Number:

_____ (See instruction sheet for disclosure information)

3. Date of Birth:

_____ Month _____ Day _____ Year

4. License Number:

DUPLICATE LICENSE REQUEST

5. Duplicate License Request: (place a check in the license requested) (**\$25 Fee Required**)

Sanitarian in Training Registered Sanitarian

NOTIFICATION OF CHANGE

6. License type the information needs to change:

Sanitarian in Training Sanitarian Professional

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

_____ Last Name _____ First Name _____ Middle Name _____ Suffix

8. Change my mailing address:

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

City _____ State _____ Zip Code _____

9. Change my phone number:

_____ Area Code _____ Phone Number

10. Change my email address:

_____ Ex: johndoe@gmail.com See instruction sheet for disclosure information

11. **LICENSEE STATEMENT**

I understand that it is a violation of Texas Department of Licensing and Regulation rules and the Texas Penal Code 37.10 to submit any false or fraudulent information or documents to obtain a certificate of registration. All information I have provided on this request is true, correct, and complete to the best of my knowledge.

_____ Signature of Licensee _____ Date Signed