



Name Change and/or Duplicate License

CSOT | PLCU | HHSC

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BUDGET: ZZ118

FUND: 087

Submit this form with:

- \$10.00 duplicate license fee
- Verifying documents, if requesting name change

Licensee Profile Data

Please print or type.

Check one: <input type="checkbox"/> ASOTP <input type="checkbox"/> LSOTP	_____		
	Number	Date issued (mm/dd/yyyy)	Expires (mm/dd/yyyy)
Name or New Name	_____		
	Last name	First name	Middle name
Former Name	_____		
	Last name	First name	Middle name
Address	_____		
	Street address	City	State ZIP Code
Email Address	_____		

Request for Name Change Duplicate License and Renewal Cards

You must attach supporting documentation showing the name change (e.g., photocopy of new social security card, photocopy of new driver's license, and/or photocopy of marriage certificate). You must also submit a \$10 fee.

NOTE: If you hold multiple licenses, it is your responsibility to notify each program/board regarding your name change request.

Request for Duplicate License and Renewal Cards Only

Signature of Licensee

Date