



Executive Council of
Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners
Texas Board of Occupational Therapy Examiners
Fax 512/305-6951

www.ptot.texas.gov

333 Guadalupe, Suite 2-510
Austin, Texas 78701-3942
Voice 512/305-6900

Facility Name/Address Change OR Replacement Certificate Request Form

Please circle appropriate option: *Name/Address Change with* or *Registration Certificate Replacement*
New Registration Certificate

Facility Name (as currently registered)

Registration #

Address

City, State Zip

Your registration certificate and online verification must show the current name and address of the facility. You have 30 days to notify the board of a name or address change. Please send payment with this form to obtain a new registration certificate. If you are replacing an existing certificate for a reason other than a name or address change, you must include an explanation of why the certificate must be replaced. *A taxpayer ID number (TIN) change constitutes a change of ownership and a new registration is required.*

PLEASE INCLUDE THIS FORM WITH YOUR REQUEST

New Name: _____

AND/OR

New Address: _____

City, State Zip

Reason: _____

Please mail this form with your payment of \$30.00, either check or money order made payable to ECPTOTE, to the address listed above.