

REQUEST FOR REPLACEMENT OF A LICENSE				
Check One:	Name Change		Replacement	
Check One:	PT	PTA	OT	OTA
Original Wall License		\$30.00 (Check or money order only)		

*Please print your name as it currently appears on your license on the line below.*

SSN: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_

**For a name change:** Fee and proof of change, e.g., copy of marriage certificate or divorce decree.

**For replacement of a license:** Fee and a statement establishing the loss or destruction of the license.

**Statement regarding the loss/destruction of your license:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**ECPTOTE**  
**1801 Congress Ave Ste 10.900**  
**Austin, TX 78701**