

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)

LICENSE #: _____

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

NAME: _____
First Middle Last

SSN: _____ **DAYTIME PHONE #:** _____

HOME ADDRESS: Check here if this is a new address.

NAME CHANGE: If you are changing the name as it is currently shown on your license, please print your name as it should appear on your license on the line below.

NEW NAME: _____
First Middle Last

The following items **must** accompany this form:

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

(This form may not be electronically signed or dated.)

Mail form, documentation, and fee (check or money order) to:

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