

REQUEST FOR ISSUANCE OF A NEW LICENSE

| | | | | |
|-------------|---------------------------------|--------------------|-----------------------------------|------------|
| Circle One: | Name Change | Replacement | | |
| Circle One: | PT | PTA | OT | OTA |
| Circle One: | Renewal Certificate-\$30 | Wallet-\$30 | Original Wall License-\$30 | |
| \$ | _____ | AMOUNT ENCLOSED | | |

LICENSE # _____ EXPIRATION DATE: _____

NAME: _____

PLEASE PRINT NAME AS IT APPEARS ON LICENSE CURRENTLY

SSN: _____

DAY PHONE #: _____

HOME ADDRESS: _____

NAME CHANGE REQUEST

If you are requesting a name change, please print your name as it should appear on your license on the line below.

NEW NAME: _____

Are you the Therapist in Charge (TIC) of a Facility? Yes No

Which facility registrations need to reflect name change? Provide facility registration number(s)

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

Name change on license: Fee and proof of name change, e.g., copy of marriage certificate, divorce decree.

Replacement of license: Fee and a statement of the loss or destruction of the license.

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

ECPTOTE
333 Guadalupe St, Suite 2-510
Austin, TX 78701-3942