

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P O Box 13489 Austin, TX 78711 - 920 Colorado Austin, TX 78701
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.license.state.tx.us - customer.service@license.state.tx.us

APPLICATION FOR:

ELECTRICAL CONTRACTOR DUPLICATE LICENSE

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PAYMENT AMOUNT	MONEY TYPE
	03740	\$25.00		

DO NOT WRITE ABOVE THIS LINE

All information must be typed or printed in black ink. Fees submitted with this application are not refundable.

NAME ON LICENSE		LICENSE NUMBER:
E-MAIL ADDRESS *		

* The Department will add your address to the electricians' e-mailing list, which provides information from the Department on matters affecting electricians. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

Choose one or both of the following options:

<input type="checkbox"/>	Update my license as indicated below. (A reprint of the license is not needed and no fee is required.)
<input type="checkbox"/>	Update and Reprint my license. The \$25.00 fee is included.

If required, send one check in the amount of \$25.00 made payable to TDLR along with this form to the address shown above. If the fee is not included, your file will be updated as you indicate below, however a new license will not be printed. If you wish to update other information, please attach a separate sheet.

UPDATE COMPANY NAME:

NEW NAME	
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NOTE: If you are changing the company name, you will also need to include an updated certificate of insurance with the new name of the company.

UPDATE COMPANY MAILING ADDRESS:

(All TDLR correspondence will be mailed to this address)

STREET NUMBER AND NAME or P.O. BOX #	
CITY, STATE ZIP	

UPDATE COMPANY PHYSICAL ADDRESS: (This address cannot be a PO box.)

STREET NUMBER AND NAME	
CITY, STATE ZIP	

IF YOU ARE CHANGING THE MASTER ELECTRICIAN, PLEASE HAVE THE NEW MASTER ELECTRICIAN COMPLETE THE FOLLOWING:

Texas Master Electrician Signature _____

Texas Master Electrician Printed Name _____

Texas Master Electrician License Number _____

Do you own more than 50% of this electrical contracting business? YES NO

I agree to assign my license to this contractor and certify that I will comply with all applicable provisions of the Texas Electrical Safety and Licensing Act; Texas Occupation Code, Chapter 51; Tex. Admin. Code, Chapter 60; and the Electricians Administrative Rules, Tex. Admin. Code, Chapter 73. I understand that providing false information on this application may result in the revocation of my Master Electrician license and this Electrical Contractor license and the imposition of administrative penalties.

Owner's Printed Name

Owner's Signature

Date

NOTE: The only person that can authorize changes to the contractor's license is the owner of the company.