

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P O Box 13489 Austin, TX 78711 - 920 Colorado Austin, TX 78701

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www.license.state.tx.us – customer.service@license.state.tx.us

APPLICATION FOR:

MASTER ELECTRICIAN DUPLICATE LICENSE

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PAYMENT AMOUNT	MONEY TYPE
	03040	\$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 I have indicated below. (No charge)
<input type="checkbox"/>	Reprint my license. I have included the \$25.00 fee.

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 MY NAME:

NEW NAME	
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Last

First

MI

UPDATE MY MAILING ADDRESS: (All TDLR correspondence will be mailed to this address)

STREET NUMBER AND NAME	
CITY	
STATE	
ZIP	

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

STREET NUMBER AND NAME	
CITY	
STATE	
ZIP	

Printed Name

Signature

Date