TEXAS Health and Human Services | Texas Department of State Health Services

dshs.texas.gov/asbestos/
Texas Only: 800-572-5548
Local 512-834-6600
Fax: 512-206-3782

INDIVIDUAL NAME CHANGE APPLICATION

DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY	
BUDGET/FUND: **ZZ112-178** REMIT # _____ REMIT DATE: _____ AMT RECVD: _____	RCVD DATE: _____ INIT: _____ APRV DATE: _____ INIT: _____ FILE # _____ APP # _____

Asbestos License Type	
CONTRACTOR	☐
CONSULTANT AGENCY	☐
MANAGEMENT PLANNER AGENCY	☐
TRANSPORTER	☐
LAB	☐
O & M CONTRACTOR	☐
TRAINING PROVIDER	☐

License Information	
LICENSE NUMBER	
LICENSE EXP DATE	

Must submit proof of official name change for your application to be processed. The fee is $20.

PREVIOUS NAME USED			
OLD DBA NAME (if applicable)			
NEW NAME USED			
NEW DBA NAME (if applicable)			
FEDERAL EIN	TEXAS TIN	PHONE #	EMAIL ADDRESS

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302(C)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

DATE	SIGNATURE

Mailing address

Department of State Health Services
Cash Receipts Branch – MC 2003
PO Box 149347
Austin, TX 78714-9347

Revised Dec 10, 2021