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

dshs.texas.gov/elp/
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: **ZZ112-085** REMIT # _____ REMIT DATE: _____ AMT RECVD: _____	RCVD DATE: _____ INIT: _____ APRV DATE: _____ INIT: _____ FILE # _____ APP # _____

Lead Certification Type	
INSPECTOR	☐
RISK ASSESSOR	☐
SUPERVISOR	☐
WORKER	☐
PROJECT DESIGNER	☐

License Information	
CERTIFICATION NUMBER	
CERTIFICATION EXP DATE	

Must submit proof of official name change for your application to be processed. The fee is $40.

PREVIOUS NAME USED		
LAST NAME	FIRST NAME	MIDDLE NAME
NEW NAME USED		
LAST NAME	FIRST NAME	MIDDLE NAME

REASON FOR NAME CHANGE	PHONE #	EMAIL ADDRESS

HOME 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