



TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS

PO Box 149347
Mail Code 1982
Austin, Texas 78714-9347
512-834-6628
512-834-6677 Fax
dietitian@dshs.state.tx.us

Budget: ZZ116
Fund: 161

**NAME/ ADDRESS CHANGE
AND/OR DUPLICATE LICENSE FORM**

Please return this form with a \$20.00 fee for a duplicate license certificate and/or name change.

_____ Name Change

_____ Duplicate License/Certificate

Please mail to the following address:

Fee Included

DSHS – LPC Board
MC 2003
PO Box 149347
Austin, Texas 78714-9347

Address Change Only

No fee required

DSHS – LPC Board
MC 1982
PO Box 149347
Austin, Texas 78714-9347

Current Name: _____

New Name: _____

License Number: _____

If you are asking for a name change please attach supporting document showing name change, (e.g. social security card, driver’s license)

ADDRESS CHANGE

CURRENT ADDRESS

Street: _____
City, State: _____
Zip: _____
Phone: _____

NEW ADDRESS

Street: _____
City, State: _____
Zip: _____
Phone: _____

*****Name and address change must be submitted to the board within 30 days of change.*****