



<http://www.dshs.state.tx.us/mold>
 In Texas Only: (800) 572-5548
 Local (512) 834-6600
 Fax: 512-834-6614

FOR DSHS USE ONLY
BUDGET/FUND: ZZ154-092

Remit #: _____

Remit Date: _____

Mold Company Name Change License Application

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

Rcvd Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init _____	Mail Date: _____ Init _____

INSTRUCTIONS: Complete the following and submit with a \$20 fee and documentation of name change to the address provided below.
 Enter your current license/registration number: _____ Expiration Date: _____

Legal Business Name: _____ Dba name (if applicable) _____ Telephone Number (include area code) _____

NEW NAME: (send in legal documentation of name change.)

- SOLE OWNER/PROPRIETORSHIP
 LLP (Limited Liability Partnership)
 LLC (Limited Liability Company)
 LP (Limited Partnership)
 PARTNERSHIP
 CORPORATION
 DBA (Doing Business As)

Legal Business Name: _____ Telephone Number (include area code) _____

Dba name (if applicable) _____ State Tax Payer's Identification number _____

Business Mailing Address (include suite #) _____ City _____ State _____ Zip Code _____

License Mailing Address (include suite #) _____ City _____ State _____ Zip Code _____

Business Physical Address (include suite #) _____

Responsible Person's Name _____ License # (if applicable) _____ Telephone Number (include area code) _____

CERTIFICATION: I certify that I am authorized by the Applicant/company to make this application and to sign on its behalf. I have read and understand the applicable rules and agree on behalf of the applicant 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. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Responsible Person or Owner _____

Date _____

Mailing address for applications containing money:

Department of State Health Services - MC 2003
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

Mailing address for all other mail:

Department of State Health Services – MC2835
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004.)