



## 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 – Dietitian Board  
MC 2003  
PO Box 149347  
Austin, Texas 78714-9347

Address Change Only

No fee required

DSHS – Dietitian 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.\*\*\*