



Licensed Chemical Dependency Counselor or Counselor Intern
Name Change or Duplicate License Application

Service Code: 529201037

Licensure Type:

- Licensed Chemical Dependency Counselor (LCDC)
- Licensed Chemical Dependency Counselor Intern (LCDC-I)

Section 1 – Licensee Profile Data

License No:	Date Issued:	Expiration Date:	
Name or New Name:	Former Name:		
Street Address:	City:	State:	ZIP Code:
Area Code and Phone No.:	Email:		

Section 2 – Duplicate License Request

- Request for Name Change Duplicate License and Renewal Cards – You must attach supporting documentation showing the name change (e.g., a photocopy of your new Social Security card, a photocopy of your new driver license or a photocopy of your marriage certificate).
- Request for Duplicate License and Renewal Cards Only

Section 3 – Reprinting Fee

- You must include the \$10 fee as required by Texas Administrative Code Title 25 §140.403(a)(6).

Licensee Signature

Date

Mail application package and required fee to:
 HHS ARTS, Mail Code 1470
 P.O. Box 149055
 Austin, Texas 78714-9055

For questions, email lcddc@hhs.texas.gov.