



Affiliate Sex Offender Treatment Provider or Licensed Sex Offender Treatment Provider Name Change or Duplicate License Application

Licensure Type

- Affiliate Sex Offender Treatment Provider (ASOTP)
- Licensed Sex Offender Treatment Provider (LSOTP)

Section 1 – Licensee Profile Data

License No:		Expiration Date:	
Name or New Name:			Area Code and Phone No.:
Former Name, if applicable:			
Street Address:	City:	State:	ZIP Code:
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., photocopy of new Social Security card, photocopy of new driver license or photocopy of marriage certificate). **Note:** If you hold multiple licenses, it is your responsibility to notify each program or board regarding your name change request.
- Request for Duplicate License and Renewal Cards Only

Section 3 – Duplicate License Fee

- You must include the \$10 fee as required by Texas Administrative Code Title 22 §810.5(i).

Section 4 – Signature

_____ Licensee Signature	_____ Date
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Mail application package and required fee to:

HHS ARTS, Mail Code 1470
P.O. Box 149055
Austin, Texas 78714-9055

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