



[www.dshs.state.tx.us/asbestos/default.shtm](http://www.dshs.state.tx.us/asbestos/default.shtm)  
 In Texas Only: (800) 572-5548  
 Local (512) 834-6600  
 Fax: 512-834-6614

**FOR DSHS USE ONLY**  
**BUDGET/FUND: Z2112-178**

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

### Asbestos 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:** Submit completed application with a \$20 fee and legal documentation of name change to the address provided below.

Enter your current license/registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Old Name: \_\_\_\_\_ Tax Payer's Identification number \_\_\_\_\_ License # \_\_\_\_\_

**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) \_\_\_\_\_

Db name (if applicable) \_\_\_\_\_ Tax Payer's Identification number \_\_\_\_\_

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

Business Physical Address (include suite #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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:**  
 Regulatory Licensing Unit MC 2003  
 Department of State Health Services  
 PO Box 149347  
 Austin, Texas 78714-9347

**Mailing address for all other mail:**  
 Regulatory Licensing Unit MC 2835  
 Department of State Health Services  
 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.)