Change of Information Notice:
Firms / Branch Offices

Please complete the box at the top of the page and all sections relevant to the reported change. If a section of this form is not relevant to the reported change, please leave the section blank. Please check the box to the left of the information you would like listed on the roster. This information will be made available to the public and will be the information needed when using the online services. If information is not checked to be provided on the roster, TBPLS staff will chose information at their discretion.

*PLEASE NOTE: Email addresses are confidential and will not be released to the public.

A separate form must be submitted for every registration number being affected by the reported change. This form can be submitted via email (licensing@pels.texas.gov), fax, or mail.

| Firm Name: | Firm Number: |

**Change of Name**

New Name: ____________________________________________

**Firm Contact Information Change**

**New Physical Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**New Mailing Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**New Phone Number:** ____________________________

**Email:** ____________________________

**Surveyor Change**

Circle one: **Add** **Remove**

Surveyor Name: ____________________________

RPLS# __________________

Circle one: **Add** **Remove**

Surveyor Name: ____________________________

RPLS# __________________

**General Changes**

If the managing owner(s)/partner(s)/directors of the firm have changed, please include the current names, titles, and email addresses below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of Remitter: ____________________________

Signature: ____________________________

Date: ____________________________