



## Texas Board of Orthotics & Prosthetics

Mail Code 2003, P.O. Box 149347 • Austin, Texas 78714-9347

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Please return this form with a \$25.00 fee for a duplicate license, certificate and name change.

\_\_\_\_\_ Name Change

\_\_\_\_\_ Duplicate License/Certificate

Please mail to the following address:

DSHS – Texas Board of Orthotics & Prosthetics  
MC 2003  
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)

**\*\*\*Accredited Facilities may use only this form to request a duplicate.\*\*\***

Changing the name, ownership, or location of an accredited facility requires submission of the full application form and additional fees.