



Executive Council of  
Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners  
Texas Board of Occupational Therapy Examiners  
Fax 512/305-6951

www.ptot.texas.gov

333 Guadalupe, Suite 2-510  
Austin, Texas 78701-3942  
Voice 512/305-6900

**Facility Name/Address Change OR Replacement Certificate Request Form**

Please circle appropriate option:      *Name/Address Change with*    or    *Registration Certificate Replacement*  
*New Registration Certificate*

Facility Name (as currently registered)

Registration #

Address

City, State Zip

Your registration certificate and online verification must show the current name and address of the facility. You have 30 days to notify the board of a name or address change. Please send payment with this form to obtain a new registration certificate. If you are replacing an existing certificate for a reason other than a name or address change, you must include an explanation of why the certificate must be replaced. *A taxpayer ID number (TIN) change constitutes a change of ownership and a new registration is required.*

**PLEASE INCLUDE THIS FORM WITH YOUR REQUEST**

**New Name:** \_\_\_\_\_

**AND/OR**

**New Address:** \_\_\_\_\_

City, State Zip

**Reason:** \_\_\_\_\_

*Please mail this form with your payment of \$30.00, either check or money order made payable to ECPTOTE, to the address listed above.*