



333 Guadalupe, Suite - 2-510
 Austin, TX 78701-3942
 Phone: 512/305-6900 Fax: 512/305-6970 or 512/305-6951
www.ptot.texas.gov

CHANGE OF MANAGING OFFICER OR PARTNER INFORMATION FORM

This form cannot be used to change the Owner or Taxpayer ID. You must register as a new facility if the ownership changes.

Facility Registration No:															
NAME OF THE COMPANY OR ORGANIZATION THAT OWNS THE FACILITY															
TAXPAYER ID NUMBER (EIN only)															
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MANAGING OFFICER OR MANAGING PARTNER INFORMATION															
- If GOVERNMENTAL ENTITY , enter contact information for the person authorized to act for the entity in Name 1 Box . - If PARTNERSHIP OR CORPORATION , enter contact information for the managing partner or officer in Name 1 Box ; enter information for the other 3 officers in the remaining boxes.															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-top: 1px solid black;">Name 1</td> <td style="width: 20%; border-top: 1px solid black; text-align: center;">SSN</td> <td colspan="2" style="width: 20%; border-top: 1px solid black; text-align: center;">Date of Birth</td> </tr> <tr> <td style="border-top: 1px solid black;">Position/Title</td> <td colspan="3" style="border-top: 1px solid black; text-align: right;">Area Code/Phone No.</td> </tr> <tr> <td style="border-top: 1px solid black;">Home Address</td> <td style="border-top: 1px solid black; text-align: center;">City</td> <td style="border-top: 1px solid black; text-align: center;">State</td> <td style="border-top: 1px solid black; text-align: center;">Zip Code</td> </tr> </table>				Name 1	SSN	Date of Birth		Position/Title	Area Code/Phone No.			Home Address	City	State	Zip Code
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-top: 1px solid black;">Name 3</td> <td style="width: 20%; border-top: 1px solid black; text-align: center;">SSN</td> <td colspan="2" style="width: 20%; border-top: 1px solid black; text-align: center;">Date of Birth</td> </tr> <tr> <td style="border-top: 1px solid black;">Position/Title</td> <td colspan="3" style="border-top: 1px solid black; text-align: right;">Area Code/Phone No.</td> </tr> <tr> <td style="border-top: 1px solid black;">Home Address</td> <td style="border-top: 1px solid black; text-align: center;">City</td> <td style="border-top: 1px solid black; text-align: center;">State</td> <td style="border-top: 1px solid black; text-align: center;">Zip Code</td> </tr> </table>				Name 3	SSN	Date of Birth		Position/Title	Area Code/Phone No.			Home Address	City	State	Zip Code
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-top: 1px solid black;">Name 4</td> <td style="width: 20%; border-top: 1px solid black; text-align: center;">SSN</td> <td colspan="2" style="width: 20%; border-top: 1px solid black; text-align: center;">Date of Birth</td> </tr> <tr> <td style="border-top: 1px solid black;">Position/Title</td> <td colspan="3" style="border-top: 1px solid black; text-align: right;">Area Code/Phone No.</td> </tr> <tr> <td style="border-top: 1px solid black;">Home Address</td> <td style="border-top: 1px solid black; text-align: center;">City</td> <td style="border-top: 1px solid black; text-align: center;">State</td> <td style="border-top: 1px solid black; text-align: center;">Zip Code</td> </tr> </table>				Name 4	SSN	Date of Birth		Position/Title	Area Code/Phone No.			Home Address	City	State	Zip Code
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