

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838	Date Processed
		Processed By
Notification of Individual Address, Email, or Name Change		

Important: Type or clearly print all information. Must be mailed to the address at the top of the form or emailed to certifications@tcfp.texas.gov. TCFP will not process these requests without the proper supporting documentation.

Personal Information:				
FIDO Pin No.	Last Name	Suffix	First Name	Middle Name or Initial

New Address Information:			
Home Mailing Address	City	State	Zip Code
New Home Phone No.	Home Fax No. (if available)	Email Address	

Change of First/Last Name Request:			
* MUST SUBMIT COURT ORDER / MARRIAGE LICENSE AND A COPY OF DRIVERS LICENCE			
Old First/Last Name	New First/Last Name	Date of Change	Reason for Change

Individual's Signature _____

Date _____

TCFP-013	Notification of Individual Address or Name Change
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Purpose: This is the form to notify the commission in writing of a change in address.

Date Received: Reserved for agency use.

Date Processed: Reserved for agency use.

Processed by: Reserved for agency use.

TCFP FIDO PIN: Provide the TCFP FIDO Pin number assigned to the applicant by the commission. **DO NOT USE OR SEND YOUR SOCIAL SECURITY NUMBER.**

Last Name: The applicant's last name.

Suffix: Examples: Jr., Sr., III, etc.

First Name: The applicant's first name.

Middle Name or Initial: The applicant's middle name or middle initial (if the applicant has one).

New Address Information. Supply your completely new address to include phone number, fax and email, if available. **MUST SUBMIT PROOF OF CHANGE. UTILITY BILL, DL, OR ID CARD.**

Change of Last Name: (If an individual's last name changes.)

Old/Previous Last Name: The individual's legal name prior to the legal change.

New Last Name: The individual's new last name. **MUST SUBMIT COURT ORDER OR MARRIAGE CERTIFICATE TO SHOW LEGAL CHANGE OF FIRST/LAST NAME.**

Signature of Individual/Date: The individual's legal signature with the date the individual signed the form. This is required to attest to the accuracy of the submission.