



Email: [info@pels.texas.gov](mailto:info@pels.texas.gov)

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**Address Information**

Last 4 Digits of Social Security	Home Phone	Home Email Address	
Last Name	First Name	Middle Name	
Home Address			
City	State	Zip	
Country	Effective Date of Address Change		

**Employer Information**

**Primary Employer**

Full Legal Trade or Business Name		Effective Date of Change	
Status of Business (Corp., Co. etc.)	Physical Location by Street Address and Suite Number		
City	State	Zip	Country
Relationship (Officer, Full-time employee, etc.)	Business Phone	Business Email	

**Secondary Employer (If Applicable)**

Full Legal Trade or Business Name		Effective Date of Change	
Status of Business (Corp., Co. etc.)	Physical Location by Street Address and Suite Number		
City	State	Zip	Country
Relationship (Officer, Full-time employee, etc.)	Business Phone	Business Email	

**Additional Secondary Employer (If Applicable)**

Full Legal Trade or Business Name		Effective Date of Change	
Status of Business (Corp., Co. etc.)	Physical Location by Street Address and Suite Number		
City	State	Zip	Country
Relationship (Officer, Full-time employee, etc.)	Business Phone	Business Email	