



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**

EXAMPLE:

Yes No

PRIVATE SECURITY INFORMATION CHANGE FORM

GENERAL INFORMATION

I understand that this form is ONLY to be used to change address, phone numbers Yes
or e-mail addresses. This does NOT include company name change. No

Type of Change: Company Branch Individual

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

ONLY FILL OUT THE APPROPRIATE SECTION

PART I. COMPANY ONLY

Company Name		Company License No.	
NEW Mailing Address			
City	State (2- Digit Code)	ZIP	
NEW Physical Address			
City	State (2- Digit Code)	ZIP	
NEW Business Phone	New Business Website		
NEW Business Email			
Last Name Of Contact Person (IF DIFFERENT THAN SIGNER)	First Name	Contact Person's Phone	
Contact Person Email			
Manager Printed Last Name	Printed First Name		
Manager Email			

PART II. BRANCH ONLY

Company Name		Branch License No.	
NEW Physical Address			
City	State (2- Digit Code)	ZIP	
NEW Branch Phone			
Last Name Of Contact Person (IF DIFFERENT THAN SIGNER)	First Name	Contact Person's Phone ()	
Contact Person Email			
Manager Printed Last Name	Printed First Name		
Manager Email			

PART III. INDIVIDUAL ONLY (This form can not be used for driver license changes)

Applicant Last Name	First Name	M.I.	Suffix (If Any)
Applicant Social Security No.	New Phone		
NEW Residential Address		County	
City	State (2- Digit Code)	ZIP	
New Email			

SIGNER INFORMATION (DOES NOT APPLY TO INDIVIDUALS)

Printed Last Name Of Person Signing
(IF DIFFERENT FROM MANAGER LISTED ABOVE)

Printed
First Name

I verify that the information provided is true and correct, and I understand that this is an official government record and that any false statement made on this document or any other supplement provided to the Department may result in criminal prosecution.

Individual Signature (FOR INDIVIDUAL ONLY) _____ Date _____

Manager, Manager's Designee or Owner Signature (FOR COMPANY OR BRANCH ONLY) _____ Date _____

This form and any attachments may be forwarded electronically to:

<https://www.dps.texas.gov/rsd/contact/default.aspx>

If payment is required, this form and attachments may be forwarded by mail to:

Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999

Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious. Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>