

CE provider information update

► Instructions

You must fill out and email this form to CE@tdi.texas.gov within 30 days of a change to your name or address.

TDI provider number _____

Provider name _____

► Fill out this section if you changed your name

New legal name _____

► Fill out all parts of this section that have changed

Business phone number _____

Business email _____

Business street address _____

City _____ State _____ ZIP _____

Mailing address or P.O. Box _____

City _____ State _____ ZIP _____

New Approved Provider Representative _____

New website address _____

► Signature

The person filing this form certifies on behalf of the provider that the provider applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in 28 TAC Section 19.602 and Sections 19.1001-19.1023 and that the information provided on this form is true and correct.

Authorized signature _____ Date _____

► Questions?

Contact us by email at CE@tdi.texas.gov or call 512-676-6500.

► **Know your rights**

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.