



NAME/ADDRESS CHANGE FORM

Important Notice:

All name/address changes are completed in approximately 7-10 business days following receipt of your request. You will receive an email notification when the name/address change is completed. The name/address change may be **faxed, emailed, or mailed to the board office**. For an immediate change of your address (no name change), or if you wish to receive an updated license with this change prior to the next renewal, [click here](#) to go online.

CURRENT INFORMATION

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Street Address:			
City:	State:	Zip Code:	
Date of Birth (MM/DD/YY)	Last 4 digits of Social Security Number: XXX-XX- ____ ____ ____ ____		
License Number:			

TYPE OF CHANGE (CHECK ALL THAT APPLY)

<input type="checkbox"/> CHANGE OF NAME	A copy of one of the following documents* must accompany a name change request 1. Marriage License 2. Court Order 3. Divorce Decree <i>*Driver's licenses, passports, marriage certificates, or Social Security Number cards are not accepted</i>
New Last Name:	First Name: Middle:
Date of Birth (MM/DD/YY)	Last 4 digits of Social Security Number: XXX-XX- ____ ____ ____ ____
License Number:	

<input type="checkbox"/> CHANGE OF ADDRESS			
New Street Address:			
City:	State:	Zip Code:	
Should this new address be used as both your public and private address? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please provide a public address to add to our records:		
	Business Name:		
	Street Address:		
City:	State:	Zip Code:	

<input type="checkbox"/> CHANGE OF EMAIL ADDRESS			
New Email Address:			

Signature of Licensee

Date