



NAME/ADDRESS CHANGE FORM

Please allow approximately 5-7 business days for processing.
You will receive written notification via e-mail when the name/address change is completed.

The address/name change request may be faxed, emailed or mailed to the board office.

If you wish to receive a license with this change prior to the next renewal, please **mail** this form with a check or money order in the amount of **\$25.00**. The check or money order shall be made payable to the **“Treasurer of Virginia.”**

CURRENT INFORMATION

Last Name	First Name	M.I.	Maiden or Other
License Number		Last four digits of your Social Security Number XXX-XX-____	

CHANGE OF NAME

You must submit a **copy** of a legal document verifying your new name. The following are acceptable name change verification documents:

- | | |
|--|---|
| (1) Marriage certificate; | (3) Other legal document indicating the retaking of your maiden name; |
| (2) Divorce decree which indicates the retaking of your maiden name; | (4) Copy of court documents. |

NEW NAME:

Last	First	Middle
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CHANGE OF ADDRESS

OLD ADDRESS:

Street Address		
City	State	Zip

NEW ADDRESS:

Street Address		
City	State	Zip

<p>Should this new address be used as both your public and private address?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If not, please provide a public address to add to our records:</p> <p>Business Name: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p>
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Current e-mail address: _____

SIGNATURE OF LICENSEE _____ **DATE** _____