

## REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

PLEASE complete the following information, check the appropriate block below, sign and date and **mail or fax this form to the board office**

### CURRENT INFORMATION

Last Name:

First Name:  Middle Initial:

License Number:

Social Security Number:  -  -

#### 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;
- (2) divorce decree which indicates the retaking of your maiden name;
- (3) other legal document indicating the retaking of a maiden name;
- (4) for a legal name change, a copy of the court document must be provided.

#### **New Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

#### CHANGE OF ADDRESS

##### **Old Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

##### **New Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FEE:** To obtain a duplicate license reflecting the change of name and/or address, you must return this application with a \$5.00 check or money order, payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.