



## 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 duplicate 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

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Maiden or Other</b>
<b>License Number</b>		<b>Last four digits of your Social Security Number</b> 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><b>Should this new address be used as both your public and private address?</b></p> <p style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><b>If not, please provide a public address to add to our records:</b></p> <p><b>Business Name:</b> _____</p> <p><b>Street Address:</b> _____</p> <p><b>City:</b> _____</p> <p><b>State:</b> _____</p> <p><b>Zip:</b> _____</p>
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**Current e-mail address:** \_\_\_\_\_

**SIGNATURE OF LICENSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_