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NAME/ADDRESS CHANGE FORM

All name/address changes are completed in approximately 5 to 7 business days following receipt of your request. You will receive an email notification when the name/address change is completed. The address/name change 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, you may request it using the "Duplicate Request" process at https://www.dhp.virginia.gov/mylicense/renewalintro.asp or mail this form with a check or money order in the amount of \$10.00. The check or money should be made payable to the "Treasurer of Virginia."

CURRENT INFORMATION:				
Last Name	First Name		M.I.	Maiden or Other
OPT License Number		Last four digits of Social Security Number		
Email Address:		Primary Phone 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 your maiden name; 4) Copy of court documents.				
NEW NAME:			-	
Last Name I	First Name		Middle	
CHANGE OF ADDRESS				
OLD ADDRESS:				
Street Address				
City	St	ate	Zip Code	
NEW ADDRESS: Street Address				
City	St	ate		Zip Code
Should this new address be used as both your public and private address? Yes No		If not, please provide a public address to add to our records: Business Name: Street Name: City: State Zip		
SIGNATURE OF LICENSEE		DATE		