Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8500
www.dpor.virginia.gov



NAME CHANGE FORM

1.	What type of name cha	nge are yo	ou repo	orting?	?						
		A. Individual - Individual name change request <u>must</u> be accompanied by a copy of a marriage certificate, divorce decree, court order or other official documentation that verifies the name change.									
		the regulations <u>specific</u> to <u>u</u> business entity.	your license								
	All Real Estate Individ	eal Estate Individuals/Firms must use the board specific Name/Address Change Form.									
2. Complete the information below for each license, certification or registration you hold from DP											
	A. Name Currently on License: (Individuals Only)										
	Individual's New Name:										
	Virginia License Numl	ber:	$\overline{\Box}$						License Type:		
	Virginia License Numl	ber:							License Type:		
	Virginia License Numl	ber:							License Type:		
	B. Name Currently on Lic  Current Trade, "Doing  New Business Name:  New Trade, "Doing Bu Provide copy of co Virginia License Numl Virginia License Numl Virginia License Numl	usiness As' ertificate file ber:	information inform	ition from nly)  BA) or  or Fice State  Failure t	Fictitiou e Corp	ious Name	ame  A e i Con	nmissic	on or locality pursuant to License Type: License Type: License Type:	§ 59.1-69 of the Code of Vir	rginia
3.	Contact Numbers							, , , ,			
			Primary Telephone					,	Alternate Telephone	Fax	
4.	Old E-mail Address										
	New E-mail Address		Email address is considered a public record and will be disclosed upon request from a third party.								
							•			upon request from a third pa using DPOR on-line serv	•
5.	I certify that all the info changes herein.	ormation p	orovide	ed on	this	form	is tr	ue ar	nd accurate, and tha	nt I am authorized to i	equest the

Please sign and submit this form to the following address or fax:

Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233-1485 Fax Number (866) 266-6818

IF YOU NEED TO REPORT AN ADDRESS CHANGE, PLEASE COMPLETE THE ADDRESS CHANGE FORM

Signature

Date