

**NAME / ADDRESS / EMPLOYER CHANGE REQUEST FORM
FOR INDIVIDUAL LICENSEES**

Mail or fax this form to the Board office.

The following information has changed:

Address

Name

Employer

Name _____
(First) (M.I.) (Last) (Suffix)

Preferred "mail to":

Home

Business

Former Name _____
(If applicable. See note below regarding required documentation.)

Employer Name _____

Certificate # _____

Work Phone _____

Home Phone _____

Work Fax _____

Home Address _____

Work Address _____

City _____

Work City _____

State _____ Zip _____

Work State _____ Work Zip _____

Signature

Date

Name changes: You must include a copy of your legal name change documentation, such as a marriage certificate, pertinent section of divorce decree, etc. Name changes cannot be made without legal documentation.

Firms: Do not use this form. Use the **Firm Name Change Form** appropriate to your type of firm: boa.state.mn.us/forms.html