

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

Mail, fax, or email this form to the Board office.

The following information has changed (check all that apply): Address Name Employer

FULL LEGAL NAME (REQUIRED):

(First)	(Middle)	(Last)	(Suffix)	
Former Name _____				Preferred "mail to": <input type="checkbox"/> Home <input type="checkbox"/> Business
<small>(If applicable. See note below regarding required documentation.)</small>				
Certificate # _____		Employer Name _____		
Home Phone _____		Work Phone _____		
Home Address _____		Work Address _____		
City _____		Work City _____		
State _____	Zip _____	Work State _____	Work Zip _____	

If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

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