

# Name Change or Duplicate License Request Form

Complete this form if you are reporting a name change or requesting a duplicate license certificate.  
Submit your complete form and fee payment by mail or in person to the address listed above.  
Checks or money orders may be made payable to Board of Cosmetology.  
Complete only the section that applies to your request.

## Name Change Section

### Step 1: \$20 Name Change Fee

Submit payment of the \$20 Name Change Fee in the form of a check, money order, or exact cash. Fee includes new copy of license certificate.

### Step 2: Attach Name Change Documentation

Attach a photocopy of the legal document that shows and explains the change from your previous name to your current name. Original documents will not be returned.

- Marriage Certificate\*
- Divorce Decree\* or Certificate of Dissolution\*
- Court Order or Petition for Name Change

**\*IMPORTANT:** Your legal document must be printed with both your former name and your current name. If it is not, you must also attach a photocopy of a government-issued ID (driver's license, passport) to verify your name change was legalized. Your ID alone is not sufficient; a copy of the document explaining the name change is always required.

### Step 3: Complete Licensee Information

Complete the tables and provide a signature below.

#### Previous Name

First:	Middle:	Last:
--------	---------	-------

#### Current Name

First:	Middle:	Last:
--------	---------	-------

Social Security Number <small>xxx-xx-xxxx</small>	License Number
Street Address	City, State, Zip Code
Phone Number	Email Address

*"I attest that the information provided on this form is true and correct and request that the Board of Cosmetology adopt the name change listed above."*

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Duplicate License Request Section

### Step 1: \$20 Duplicate License Fee

Submit payment of the \$20 Duplicate License Fee in the form of a check, money order, or exact cash.

### Step 2: Complete Licensee Information

Complete the table and provide a signature below.

Full Name	License Type
Social Security Number <small>xxx-xx-xxxx</small>	License Number
Street Address	City, State, Zip Code
Phone Number	Email Address

*"I attest that the information provided on this form is true and correct and request that the Board of Cosmetology send a duplicate license certificate to the address listed."*

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For Board Office Use Only	Amount:	C/MO/R#:	Processor:	Date:
---------------------------	---------	----------	------------	-------