



Name Change Request Form

- 1. Complete all sections by printing or typing
2. Provide a legal document with the name change
3. Mail or email completed documents
4. Please allow 5 business days for processing

Table with 2 columns and 3 rows: Legal Name (last, first, middle), Previous Name (last, first, middle), Minnesota OT or OTA License Number, Date of Birth, Email, Phone Number.

If you would like replacement license document(s):

- Submit name change form and supporting legal document by mail or email
• Confirm the name change has occurred utilizing the online look-up tool or account
• Place an order by accessing your online account, selecting "Request Duplicate Card" and paying the fee(s)
• If you require a duplicate copy of your wall certificate, please contact the Board office

Name (print)

Signature

Date