

Change Of Mailing Address/Name Notification

For physical change of location, submit DR 8442

For Corporate/Trade Name changes, submit DR 8442

Name of Licensee

Trade Name (doing business as)

License Number

License Type

Contact Phone Number

Contact Email Address

Address Change

New Mailing Address

City

County

State ZIP Code

Name Change (Personal)

Previous Name

New Name

Reason for Name Change (check one)

Submit a copy of the legal documentation reflecting the name change. Acceptable forms of documentation include: marriage license, divorce decree, court order, immigration records, or passport.

Date (MM/DD/YY)

Date (MM/DD/YY)

Marriage

Divorce

Date (MM/DD/YY)

Court Order

I hereby attest that the above information provided is true.

Last Name (please print)

First Name (please print)

Signature

Date (MM/DD/YY)