

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	
Phone Number		Email Address	
Address Change <input type="checkbox"/>			
New Mailing Address		City	
State	ZIP	County	
Name Change (Personal) <input type="checkbox"/>			
Previous Name		New Name	
Reason for Name Change (check one)			
<input type="checkbox"/> Marriage	Date	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.	
<input type="checkbox"/> Divorce	Date		
<input type="checkbox"/> Court Order	Date		
I hereby attest that the above information provided is true.			
Last Name (please print)		First Name (please print)	
Signature			Date