



REQUEST FOR NAME CHANGE

*\$10.00 FEE

SECTION A: LICENSEE/APPLICANT INFORMATION (Incomplete forms will not be processed)

License Type <small>Check box for each license type you hold, and enter your license number.</small>	Letter(s)	Number
<input type="checkbox"/> Cosmetologist		
<input type="checkbox"/> Barber		
<input type="checkbox"/> Electrologist		
<input type="checkbox"/> Manicurist		
<input type="checkbox"/> Esthetician		
<input type="checkbox"/> Establishment Owner		
<input type="checkbox"/> I do not have a license, I am an applicant.		
Last 4 digits of your Social Security Number <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>		Date of Birth <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>
Old Name	First Name	Middle Name
New Name	First Name	Middle Name
Have you changed your address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State Zip Code
Phone Number ()	Email Address (not required)	

SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS

I have attached photocopies of the following two required documents:
 A current government-issued photographic identification (e.g., driver license, alien registration, passport, etc.)
AND one of the following legal documents as proof of my name change. Check one and attach a copy of the document.

<input type="checkbox"/> Certified Court Order	<input type="checkbox"/> Certified Declaration/Registration of Domestic Partnership
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Notarized Document Verifying Name Change
<input type="checkbox"/> Dissolution of Marriage (Divorce)	

Choose One Option:

I am including a \$10.00 non-refundable duplicate license fee with this form. (Allow up to 6 weeks to process this application and receive a new license. Once you receive your new license, please destroy your old license).

*Name change for the sole purpose of updating the Board’s licensing records (**No fee required**).

The name on your government issued ID must match the name on your license issued by the Board of Barbering and Cosmetology.

SECTION C: LICENSEE /APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant	Date
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