

NAME CHANGE FORM

1. What type of name change are you reporting?

- ☐ A. Individual - Individual name change request **must** be accompanied by a copy of a marriage certificate, divorce decree, court order, or other official documentation that verifies the name change.
- ☐ B. Business - Before submitting a "Name Change Form" for your business, you must read the regulations specific to your license, certificate or registration to determine if a new application is required for a **new** business entity.
- All Real Estate Individuals/Firms must use the board specific [Name/Address Change Form](#).

2. Complete the information below for each license, certification or registration you hold from DPOR.

A. Name Currently on License: (Individuals Only) _____

Individual's New Name: _____

Virginia License Number:

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License Type:

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Virginia License Number:

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License Type:

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Virginia License Number:

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License Type:

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NOTE: Failure to list all licenses/certificates/registrations may result in you not receiving important notices and/or information from the board that issued your license/certificate/registration.

B. Name Currently on License: (Business Only) _____

Current Trade, "Doing Business As" (DBA) or Fictitious Name _____

New Business Name: _____

New Trade, "Doing Business As" (DBA) or Fictitious Name _____▲

▲ Provide copy of certificate filed with the State Corporation Commission pursuant to § 59.1-69 of the Code of Virginia

Virginia License Number:

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License Type:

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Virginia License Number:

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License Type:

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Virginia License Number:

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License Type:

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NOTE: Failure to list all licenses/certificates/registrations may result in you not receiving important notices and/or information from the board that issued your license/certificate/registration.

3. Contact Numbers

Primary Telephone _____

Alternate Telephone _____

Fax _____

4. Old E-mail Address _____

New E-mail Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

NOTE: This will not change your existing User ID (log-in) when using DPOR's Online services.

5. I certify that all the information provided on this form is true and accurate, and that I am authorized to request the changes herein.

Signature _____

Print Name _____

Date _____

Please sign and submit this form to the following address or fax:

Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233-1485
Fax Number (866) 266-6818

IF YOU NEED TO REPORT AN ADDRESS CHANGE, PLEASE COMPLETE THE [ADDRESS CHANGE FORM](#)