



**LICENSEES REQUEST FOR NAME OR ADDRESS CHANGE**

**Instructions:**

**When there is a name change, documentation must be provided: *i.e.*, copy of marriage certificate, birth certificate, divorce decree or court order.**

**THE ABOVE DOCUMENTS MUST BE SUBMITTED WITH NAME CHANGE REQUESTS**

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**SECTION I**

1. My reason for making this application is as follows:

Name Change

\_\_\_\_\_ (Please clearly print how your new name should read)

Address Change

**SECTION II**

1. My name in full as it currently appears on the records of The Dental Hygiene Committee is

\_\_\_\_\_

2. Prior Address: \_\_\_\_\_

3. NEW Address: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Telephone - Home/Cell: (    ) \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. I am the person named and the lawful holder of **license number(s)**: \_\_\_\_\_

- RDH
- RDHEF
- RDHAP

I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE