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: [Blank]
     - Virginia License Number: [Blank] License Type: [Blank]
     - Virginia License Number: [Blank] License Type: [Blank]
     - Virginia License Number: [Blank] License Type: [Blank]
     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: [Blank]
     - New Business Name: [Blank]
     - New Trade, "Doing Business As" (DBA) or Fictitious Name: [Blank]
     - Provide copy of certificate filed with the State Corporation Commission or locality pursuant to § 59.1-69 of the Code of Virginia
     - Virginia License Number: [Blank] License Type: [Blank]
     - Virginia License Number: [Blank] License Type: [Blank]
     - Virginia License Number: [Blank] License Type: [Blank]
     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
   - [Blank]
   - New E-mail Address: [Blank]
   - 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 on-line 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: [Signature]
   - Date: [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