

ADDRESS / NAME CHANGE / DUPLICATE LICENSE REQUEST

****This form is to be used only by licensees regulated by the Division of Registrations****

DO NOT USE THIS FORM FOR DIVISION OF INSURANCE, DIVISION OF REAL ESTATE, OR DRIVER'S LICENSE ADDRESS CHANGES.

- Consistent with Colorado law, addresses of licensees are made available to the public.
- This address change will be reflected on all licenses that you carry.

1. OLD Name or Mailing Address

Please clearly print all requested information below.

_____ Last Name	_____ First Name	_____ Middle Name or Initial	
_____ XXX-XX- Last 4 digits of Social Security Number	_____ Profession & License Number	_____ Date of Birth	
_____ OLD Address	_____ City	_____ State	_____ Zip Code
_____ () Phone Number			

2. NEW Name or Mailing Address

NOTE: You may NOT use this form to request a change of BUSINESS name. A copy of any of the following documentation must accompany a name change request: marriage license, divorce decree or court order. **DO NOT SEND ORIGINALS.**

_____ Last Name	_____ First Name	_____ Middle Name or Initial	
_____ NEW Address	_____ City	_____ State	_____ Zip Code
_____ () Phone Number	_____ E-mail Address		
<i>This address is my:</i> <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS			

3. Duplicate Wallet License Request (optional)

If you want a duplicate wallet license printed with your new name and/or address, check the reason you need a duplicate, sign and date your request, and attach a check or money order for **\$5.00** in U.S. dollars drawn on a U.S. bank and made payable to *State of Colorado*. A new license will be requested for you and should arrive in your mailbox within two weeks. **You are not required to obtain a new license when you change your name or address. This is strictly your choice.** During your next renewal, the renewal notice and license will automatically print with your new name and/or address.

Attach fee of **\$5.00** and **CHECK ONE REASON BELOW:**

- | | |
|--|--|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Destroyed/Lost |
| <input type="checkbox"/> Address Change | <input type="checkbox"/> Stolen |
| <input type="checkbox"/> Never Received | <input type="checkbox"/> Other, explain: _____ |
| <input type="checkbox"/> Printed with the Wrong Name/Address | |

4. Attestation

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained above is true and correct to the best of my knowledge. I understand that providing false information is grounds for denial, suspension or revocation of a license.

Signature

Date

5. Deliver, fax, or mail this completed form to the ADDRESS ABOVE.