2777 Zelda Rd., Montgomery, AL 36106 Phone: 334-277-8881 Fax: 334-263-6115

CHANGE OF INFORMATION

Current information on file:			License/Permit #			
Ms., Mrs., Mr. Circle one	First Name	La	Last Name			
********	······ Complete ju	est the sections below that ha	ve changed *****	*********	*****	
Ms., Mrs., Mr.	First Name	MI or Maiden		_ Last Name		
Mailing Address: _		City	State	Zip		
Primary Phone: (_) Secon	ndary Phone: ()	E-mail:			
Change in emplo	Dyment: led, record on a separate sheet oj	paper and attach to this form.				
New employer:						
Mailing Address: _		City	State	Zip		
Work Phone:	v	Vork Email Address:				
	ation & Credentials: led, record on a separate sheet of	f paper and attach to this form.				
Give update & sen	d us a copy of your new	diploma or college transcripts:_				
Give update & sen	d proof of your new cred	dentials:				
☐ This is a r	equest for a legal name	change. I have attached a copy of the court order, other:	of at least one of	the following pertin		
	sting a replacement of n ement card due to a nam	ny license reflecting my name cl ne change.	hange. I'm enclos	sing a check for \$2	5 to cover	
☐ I do not ne	ed a replacement of my	current license.	*******	*****		
Affidavit:						
made in this docum	the best of my knowledg	knowledge and state that all of the ge. I further acknowledge that an acknowledge that any license	ny false or untrue	statements or repr	resentation	
	Signature	Date				