2740 Zelda Rd., Box #5 Montgomery, AL 36106 Phone: 334-277-8881 Fax: 334-263-6115

CHANGE OF INFORMATION

Current informa	tion on file:		License/Permit #			
Ms., Mrs., Mr.	First Name	La	st Name			
********	······Complete ju	st the sections below that hav	ve changed ******	*******************	*	
Ms., Mrs., Mr.	First Name	MI or Maiden		_Last Name		
Mailing Address: _	1	City	State	Zip		
Primary Phone: (_) Secon	ndary Phone: ()	E-mail:			
	ed, record on a separate sheet of	paper and attach to this form.				
Mailing Address: _		City	State	Zip	_	
Work Phone:	V	Vork Email Address:				
If additional space is neede	ation & Credentials: ed, record on a separate sheet of	Epaper and attach to this form. diploma or college transcripts:				
-		dentials:				
***************** This is a reference of the control of the	**************************************	**************************************	**************************************	**************************************	:****	
	ting a replacement of mement card due to a nam	y license reflecting my name chane change.	ınge. I'm enclosi	ing a check for \$25 to c	over	
	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 any vocation or denial of any license	y false or untrue	statements or represent		
	Signature					