



OFFICE OF OCCUPATIONS AND PROFESSIONS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502) 564-3296 ~ <http://dop.ky.gov>

NAME / ADDRESS CHANGE FORM

APPLICATION INSTRUCTIONS

1. This application must be printed and mailed in with proof of name/address change.
2. Proof for Name Change:
 - a) Copy of Marriage Certificate
 - b) Copy of Name Change Order
 - c) Copy of updated Driver's License
3. Proof for Address Change:
 - a) Business letterhead/stationary
 - b) Piece of mail to individual's new address (i.e. utility bill, phone bill, library notice, etc...)
 - c) Copy of updated Driver's License
4. The completed form and supporting documentation may be submitted and addressed to:

(Enter Board Name Here)

P.O. Box 1360

Frankfort, Kentucky, 40602.

The form may also be hand delivered to the Office of Occupations and Professions, 911 Leawood Drive, Frankfort, Kentucky, 40601.



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NAME / ADDRESS CHANGE FORM

Type of Change

Name Change
 Place of Business Change
 Address Change
 E-mail Address: _____

Please Complete the Following for Identification Purposes

Licensing Board: _____ Name: _____ Phone # _____
 Lic / Cert #: _____ Social Security Number _____ Today's Date _____
 _____ - - _____ / / _____
 Signature: _____

Name Change Only

Previous Name	New Name
Last Name _____	Last Name _____
First Name _____	First Name _____
Maiden _____	Middle Name _____

Address Change Only: Residence Business

Name or Business Name _____

Previous Address	New Address
Street Address _____	Street Address _____
PO Box _____ APT # _____	PO Box _____ APT # _____
City _____ County _____	City _____ County _____
State _____ Zip _____	State _____ Zip _____

