

ADDRESS / NAME CHANGE FORM

Mail, email or fax this form, info@aznd.gov FAX 602/542/3093

32-1507. Change in status; assessment of costs Each person who holds a license or certificate pursuant to this chapter shall inform the board in writing, within thirty days, of any change in status of that person's initial application including any change of name, residence, practice address and telephone number and of each subsequent change of status. A licensee's or a certificate holder's residential address and residential telephone number or numbers are not available to the public unless they are the only address and numbers of record. The board may assess the costs incurred by the board in locating a person who is licensed or certified pursuant to this chapter to that person.

32-1508. Display of licenses and certificates a person who holds a license or certificate pursuant to this chapter shall display that document in a conspicuous place that is accessible to view by the public. A person who practices, conducts affairs or is employed at more than one location and who maintains a continuing activity as authorized by the license or certificate shall display a duplicate of that document issued by the board at each location.

PRINT CLEARLY

NAME _____

License No. _____ **Certificate No.** _____
if applicable if applicable

Email _____

New Address _____
Suite # City State Zip

Practice Name if applicable _____

This is my: Primary Location _____ Additional Location _____ Residence _____ Use as mailing address _____

Phone _____ Fax _____

Please remove my affiliation with the following location:

Address _____
Suite # City State Zip

Phone _____ FAX _____

Practice Name if applicable: _____

NAME CHANGE:

MARK ONE: ___ Marriage Certificate ___ Divorce ___ Legal Name Change

Provide a copy of the legal paperwork reflecting change: Marriage Certificate, Divorce Decree, Legal Name Change Document.

Signature _____ Date _____

Office use:	Date Changed In System:
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