



Application for Duplicate License or Name Change

Complete this form and submit to the Board at the address below with \$50.00 (check or money order) made payable to "BOCE". If you are requesting a name change, legal documents verifying the name change must accompany this form. If you are requesting a duplicate license, due to an address change, please return your old licenses with this form. If you are requesting active status, please submit with the inactive to active application form.

			License Number: DC/CORP		
Name:	Last	First	Middle		
Address:	Number		Street		
	City	State	Zip Code		
Practice Address:	Number		Street		
	City	State	Zip Code		
Work Telephone Number:	()				
E-mail Address (optional)					

DUPLICATE LICENSE

Please check the appropriate box to indicate why you are requesting a duplicate license:

- From Inactive to Active Lost Stolen Destroyed Change of Address

LEGAL NAME CHANGE (attach legal/court order documents)

New Name: First _____ Middle _____ Last _____

Reason for name change:

- Marriage Divorce Court Order

AFFIDAVIT

I declare under penalty of perjury under the laws of the State of California that the Foregoing is true, correct and complete to the best of my knowledge.

Signature of Licensee

Date