

ARIZONA STATE BOARD OF COSMETOLOGY
1740 W ADAMS #4400
PHOENIX AZ 85007
480-784-4539 www.azboc.gov

PERSONAL NAME CHANGE

NAME _____ DATE: _____

ADDRESS _____ LICENSE #: _____

CITY _____ STATE _____ ZIP _____ PHONE #: _____

I AM REQUESTING A NAME CHANGE ON MY PERSONAL LICENSE

FROM _____

TO _____

**AND HAVE ENCLOSED A COPY OF THE LEGAL DOCUMENT PROVIDING PROOF OF
NAME CHANGE DUE TO:**

MARRIAGE

DIVORCE

OTHER

EXPLAIN : _____

SIGNATURE

**A DRIVERS LICENSE IS NOT ACCEPTABLE AS A LEGAL DOCUMENT FOR A NAME
CHANGE FOR THE PURPOSES OF ARIZONA STATE BOARD OF COSMETOLOGY
LICENSING.**

Pursuant to section 41-1093.01, Arizona Revised Statute, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

IF YOU HAVE A DISABILITY AND REQUIRE REASONABLE ACCOMODATIONS TO PARTICIPATE IN OUR SERVICES INCLUDING RECEIVING THIS INFORMATION IN AN ALTERNATIVE FORMAT, CONTACT THE ADA COORDINATOR AT 480-784-4539.