

**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.**

**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.**