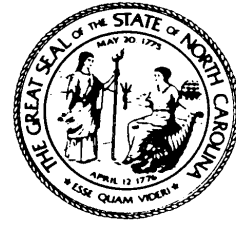


North Carolina Board of Cosmetic Art Examiners  
1207 Front Street  
Suite 110  
Raleigh, NC 27609  
919-733-4117  
[www.nccosmeticarts.com](http://www.nccosmeticarts.com)



**Address or Name Change Request** (For individual use only. You may NOT use this form to request a change of business name.)

Clearly print your name, license number, social security number, old address and new address and/or name in the spaces below. **A copy of any one of the following documentation must accompany a name change request: driver's license, social security card, marriage certificate, certificate of naturalization with the petition for name change form (this is needed for a first name change), divorce decree, court order, or passport. DO NOT SEND ORIGINALS.**

**Old Information:**

---

Last Name	First Name	Middle Name or Initial
-----------	------------	------------------------

---

Social Security Number	License Number (Ex: C 12XX)
------------------------	-----------------------------

---

OLD Address	City, State, and Zip Code
-------------	---------------------------

**New Information:**

---

New Last Name	First Name	Middle Name or Initial
---------------	------------	------------------------

---

NEW Address	City, State, and Zip Code
-------------	---------------------------

---

Phone Number	Email Address
--------------	---------------

---

Signature	Date
-----------	------

**\*\* Mail or email ([bsmith@nccosmeticarts.com](mailto:bsmith@nccosmeticarts.com)) this form and documentation at least 1 week before you renew the license. A confirmation email, when available, is sent when the change has been made. At that time the renewal or duplicate request can be completed online.**