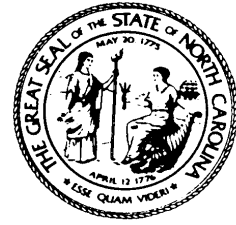


North Carolina Board of Cosmetic Art Examiners  
1207 Front Street  
Suite 110  
Raleigh, NC 27609  
919-733-4117  
[www.nccosmeticarts.com](http://www.nccosmeticarts.com)



**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:**

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Last Name	First Name	Middle Name or Initial
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Social Security Number	License Number (Ex: C 12XX)
------------------------	-----------------------------

---

OLD Address	City, State, and Zip Code
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**New Information:**

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New Last Name	First Name	Middle Name or Initial
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NEW Address	City, State, and Zip Code
-------------	---------------------------

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Phone Number	Email Address
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Signature	Date
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**\*\* To assist you with your request, please complete this form and upload it along with your documentation into your records via the Board's website, or email it to [bsmith@nccosmeticarts.com](mailto:bsmith@nccosmeticarts.com), or mail it 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.**