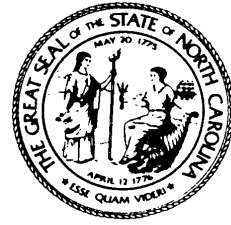


North Carolina Board of Cosmetic Art Examiners
1207 Front Street
Suite 110
Raleigh, NC 27609
919-733-4117
www.nccosmeticarts.com



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, 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) 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.**