STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Veterinary Medical Board
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815
Telephone: 916-263-2610 Fax: 916-263-2621 | www.vmb.ca.gov

NAME CHANGE REQUEST

License Number	(Please type or print legibly in ink)

1. **ORIGINAL NAME ON LICENSING/FILE RECORDS** **(First, Middle, Last)**

2. **ORIGINAL ADDRESS ON LICENSING/FILE RECORDS** **Number and Street** **City** **State** **Zip Code**

3. **NEW NAME** **(First, Middle, Last)**

4. **CURRENT ADDRESS** **Number and Street** **City** **State** **Zip Code**

5. **I have attached a photocopy of a current U.S. Government issued photographic identification (i.e. driver's license, alien registration, passport, etc.) *OR* one of the following photocopied documents as legal proof of my name change: (Check only one box)**

❑ Certified Court Order ❑ Naturalization Document ❑ Notarized Document Verifying Name Change

❑ Marriage Certificate ❑ Dissolution of Marriage (Divorce)

6. **OPTIONS FOR NAME CHANGE (Check only the one that applies to your situation)**

❑ Name change that does not require a new license to be issued. Notification is for the sole purpose of updating the Board's licensing records - attach documentation as noted above and return this form, no duplicate certificate fee is required. Next renewal notice will reflect correct name as it will appear on the renewed certificate.

❑ Name change **not done at the time of renewal**. Licensee is requesting that a new certificate be issued - attach documentation as noted above, include a $25.00 duplicate certificate fee, and return this form.

7. I hereby certify that I am currently licensed or on file with the Veterinary Medical Board under the original name listed above. For all legal purposes, I have changed my name as listed on line 3.

I declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct and that I have not changed my name for the purpose of fraud.

X_____ _____ _____

Signature Phone # Date

FOR BOARD USE ONLY

Completed by: _____ Date Received: _____

❑ Approved ❑ Denied

Comments: _____