



NAME CHANGE APPLICATION

1. APPLICATION

<input type="checkbox"/> Veterinarian Name Change <input type="checkbox"/> Registered Veterinary Technician Name Change <input type="checkbox"/> Intern/Resident Name Change <input type="checkbox"/> Temporary Veterinarian Name Change	Please mail completed application and supporting documents to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978
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2. APPLICANT INFORMATION

CURRENT LAST NAME	FIRST NAME	MIDDLE NAME
NEW LAST NAME	FIRST NAME	MIDDLE NAME
EMAIL	LICENSE NUMBER	TELEPHONE NUMBER

3. DOCUMENTATION REQUIREMENTS AND OPTIONS

You must submit photocopies or electronic copies of the following two required documents:

1. A current government issued photographic identification (e.g., driver's license, alien registration, passport, etc.) **AND**
2. One of the following additional legal documents as proof of name change. Check one and attach a copy of the document.
 - Certified Court Order
 - Marriage Certificate
 - Dissolution of Marriage (Divorce)

4. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Department of Consumer Affairs or submitted an application.

I hereby certify that the name change is not made for fraudulent purposes.

Signature _____

Date _____