



## NAME CHANGE APPLICATION INSTRUCTIONS

Apply Online at [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov)

### This application is for:

- Name change requests for a California licensed Veterinarian, Registered Veterinary Technician, Intern, Temporary Veterinarian, or Veterinary Assistant Controlled Substances Permit Holder

### Required Documentation

- Proof of legal name change such as a photocopy of a current U.S. Government-issued photographic identification (i.e., driver's license, alien registration, passport, etc.), **and**
- Certified Court Order, Naturalization Document, Notarized Document Verifying Name Change, Marriage Certificate, or Dissolution of Marriage

Completing the Name Change Application does not require a replacement license to be issued. Notification is for the sole purpose of updating the Board's licensing records.

Your next renewal notice will reflect your updated name and will appear on any subsequent renewed license.

Complete the Replacement License Application separately if you would like a license with your updated name.

### Additional Information

Proof of legal name change such a photocopy of a current U.S. Government issued photographic identification (ie., driver's license, alien registration, passport, etc.) and certified court order, naturalization document, notarized document verifying name change, marriage certificate or dissolution of marriage.

Completing the name change application does NOT require a replacement license to be issued. Notification is for the sole purpose of updating the Board's licensing records. Your next renewal notice will reflect your updated name and will appear on any subsequent renewed license. If you would like a replacement license with your updated name, please complete the Replacement License Application.

### Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine eligibility. Information on the application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. The name and address included on this application is subject to public disclosure and may be disclosed upon request.

Information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, (916) 515-5220. The information is requested pursuant to Business and Professions Code sections 4832-4844 and/or Title 16, California Code of Regulations, Division 20, Article 6. You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Veterinary Medical Board.

**Apply online or mail the completed application to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834.**



## 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 <input type="checkbox"/> Veterinary Assistant Controlled Substances Permit Holder Name Change	<p>Please mail completed application and supporting documents to:</p> <p>Veterinary Medical Board          1747 N. Market Blvd., Suite 230          Sacramento, CA 95834-2978</p>
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### 2. APPLICANT INFORMATION

CURRENT LAST NAME	FIRST NAME	MIDDLE NAME
NEW LAST NAME	FIRST NAME	MIDDLE NAME
EMAIL	LICENSE/PERMIT 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 \_\_\_\_\_