



## CHANGE OF ADDRESS AND/OR NAME

(For personal licenses only: Smog Check Inspector/Repair Technician or Brake/Lamp Adjuster)

**CHANGE TYPE:** *(Please select applicable box(es))*

**CHANGE OF ADDRESS OF RECORD** (Complete sections A, B, and E.)

**CHANGE OF MAILING ADDRESS** (Complete sections A, C, and E.)

**CHANGE OF NAME** (Complete sections A, D, and E.)

**Attach a copy of legal document verifying change of name**

FOR DEPARTMENT USE ONLY
License #:
Date Processed:
Initials:

SECTION A. LICENSEE INFORMATION		
<b>NAME</b> Last    First    Middle	<b>LICENSE NUMBER</b>	
SECTION B. CHANGE OF ADDRESS OF RECORD		
<b>FORMER ADDRESS OF RECORD</b> Number and Street		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>NEW ADDRESS OF RECORD</b> Number and Street		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
SECTION C. CHANGE OF MAILING ADDRESS		
<b>FORMER MAILING ADDRESS</b> Number and Street		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>NEW MAILING ADDRESS</b> Number and Street		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
SECTION D. CHANGE OF NAME		
<b>FORMER NAME</b> Last    First    Middle	<b>NEW NAME</b> Last    First    Middle	
A copy of a legal document verifying your change of name must be provided. Check the box of the document you are providing and attach a copy to this form.		
<b>LEGAL COURT DOCUMENT</b>		<b>CALIFORNIA DRIVER LICENSE</b>
SECTION E. CERTIFICATION		
I HEREBY CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all statements made on this form and on all attached documents are true and correct.		
<b>SIGNATURE</b> (please sign in ink)	<b>DATE</b>	