



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 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:

MAIL COMPLETED FORM AND ALL ATTACHMENTS TO THE LICENSING UNIT AT THE ABOVE ADDRESS OR EMAIL THE COMPLETED FORM AND ATTACHMENTS TO BARLICENSINGAPPLICATIONS@DCA.CA.GOV.

SECTION A. LICENSEE INFORMATION		
NAME Last First Middle	LICENSE NUMBER	
EMAIL (Optional - used by BAR for correspondence regarding your license)		
SECTION B. CHANGE OF ADDRESS OF RECORD (Physical business address, residence address, or P.O. Box. This address will be posted on BAR's website. This is where your wall license/badge will be mailed.)		
FORMER ADDRESS OF RECORD Number and Street		
CITY	STATE	ZIP CODE
NEW ADDRESS OF RECORD Number and Street		
CITY	STATE	ZIP CODE
SECTION C. CHANGE OF MAILING ADDRESS (Physical business address or residence address. Cannot be a P.O. Box. This address is for internal use only and is where your courtesy renewal notice will be mailed.)		
FORMER MAILING ADDRESS Number and Street		
CITY	STATE	ZIP CODE
NEW MAILING ADDRESS Number and Street		
CITY	STATE	ZIP CODE
SECTION D. CHANGE OF NAME		
FORMER NAME Last First Middle	NEW NAME 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.		
LEGAL COURT DOCUMENT		GOVERNMENT ISSUED PHOTO ID
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.		
SIGNATURE (please sign in ink)	DATE	