



**LICENSING UNIT**

10949 North Mather Boulevard, Rancho Cordova, CA 95670  
 P (855) 735.0462 F (888) 421-7798 | www.bar.ca.gov



## CHANGE OF NAME/ADDRESS SMOG TECHNICIAN, INSPECTOR, BRAKE/LAMP ADJUSTER

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

- Change of address of record (Complete items 1, 4, and 6)
- Change of mailing address (Complete items 1, 5, and 6)
- Change of name\* (Complete items 1, 2, 3, and 6)

<i>Department Use Only</i>
Initials _____
Date Processed _____

**\*Please include a copy of legal document verifying change of name**

**FAX OR MAIL COMPLETED FORM AND ALL ATTACHMENTS TO THE LICENSING UNIT AT THE ABOVE ADDRESS.**

Last	First	Middle
Full Name (Current):		

*Please type or print legibly*

1. License Number					
2. Change of Name      From: _____ To: _____					
3. Attached Document Verifying Name Change: <i>(Please check <input type="checkbox"/> Legal Court Document <input type="checkbox"/> California Driver's License)</i>					
4. Change of Address of Record <small>(Physical business address, residence address, or P.O. Box. This address will be posted on BAR's Web site.)</small>					
<table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 30%;">Number and Street</td> <td style="width: 20%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> <td style="width: 10%;">Phone Number</td> </tr> </table> From: _____	Number and Street	City	State	Zip Code	Phone Number
Number and Street	City	State	Zip Code	Phone Number	
<table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 30%;">Number and Street</td> <td style="width: 20%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> <td style="width: 10%;">Phone Number</td> </tr> </table> To: _____	Number and Street	City	State	Zip Code	Phone Number
Number and Street	City	State	Zip Code	Phone Number	
5. Change of Mailing Address - <i>If different from Address of Record</i> <small>(Physical business address or residence address. No P.O. Box. This address is for internal use only.)</small>					
<table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 40%;">Number and Street or Post Office Box</td> <td style="width: 20%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> </tr> </table> From: _____	Number and Street or Post Office Box	City	State	Zip Code	
Number and Street or Post Office Box	City	State	Zip Code		
<table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 40%;">Number and Street or Post Office Box</td> <td style="width: 20%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> </tr> </table> To: _____	Number and Street or Post Office Box	City	State	Zip Code	
Number and Street or Post Office Box	City	State	Zip Code		
6. Certification					
I 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 _____ Date _____ <small style="text-align: center;">Licensed Technician, Inspector, or Adjuster</small>					