



State of Idaho  
Division Of Occupational and Professional  
Licenses  
Board of Pharmacy

**BRAD LITTLE**  
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Administrator

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## Individual/Person Legal Name Change Request

**Idaho Rule: Individual Information Changes.** Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change. The Board will accept an email to [bop-info@dopl.idaho.gov](mailto:bop-info@dopl.idaho.gov) for the ten (10) day notification.

1. **Complete the fields** - in the section indicated below named 'Legal Name Change Request'. If there are any incomplete fields the request will not be processed.
2. **Save the form in a PDF format** in a place where it can easily be retrieved to attach to an email
3. Email a copy of the **completed form & required documents** indicated below to [bop-info@dopl.idaho.gov](mailto:bop-info@dopl.idaho.gov)

**Subject line of the email should include the following;**

- Legal Name Change
- Name of the Licensee/Registrant
- Idaho License/Registration Number

**Required Documents** – Attach to the email;

1. Legal document allowing the name change;
  - Divorce decree
  - Marriage certificate
  - Court document granting name change
2. Current government issued photo ID with new legal name indicated
  - Driver's License
  - Passport

### Legal Name Change Request Information

Date of name change: \_\_\_\_\_

Idaho Board of Pharmacy License/Registration Number: \_\_\_\_\_

Name on License/Registration include first, middle & last name: \_\_\_\_\_

New Legal Name include first middle & last name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_