

**STATE OF IDAHO**  
**IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES**  
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or  
PO Box 83720 Boise, Idaho 83720-0063  
Phone: (208)-334-3233  
E-mail: [dopl@dopl.idaho.gov](mailto:dopl@dopl.idaho.gov)

**INDIVIDUAL NAME AND/OR ADDRESS CHANGE AFFIDAVIT**

**NOTE: You cannot change the name of your business or the legal structure of your business with this form. Changes to the name of your business or the legal structure of your business may require you to reapply.** Please contact the Division prior to your expiration date if you have had a change in your business name to avoid any lapse in licensure/registration and payment of extra fees. Changes to the physical location address for Cosmetology and Barber Establishments, Crematories, Funeral Establishments, Cosmetology and Barber Schools, Driving Businesses and Liquefied Petroleum Gas Facilities require a new license application.

**INSTRUCTIONS**

This completed affidavit must be submitted to the Division of Occupational and Professional Licenses. All changes requested will appear on your next license. **If you wish to receive a new license bearing the change(s), you must return this form and a \$10.00 fee (\$20 for Geologists).**

**\*\*Please note if you change your name at the time that you renew online, your license will remain in your previous name until the following year.**

I \_\_\_\_\_, affirm that I am the legal owner of license/registration  
Print or type full name of licensee/ registrant  
number \_\_\_\_\_ and hereby request a change or correction in the official public record.  
complete license/registration number

**INDIVIDUAL NAME CHANGE**

My name (print) exactly as it should appear on my license/registration: \_\_\_\_\_

To authorize this change I am enclosing a CERTIFIED copy of (one of the following):

Marriage License     Divorce Decree     Court document noting individual name change

**ADDRESS CHANGE**

Both sections below must be completed if you wish to change BOTH your mailing address and your Address of Record.

My new Address of Record  
(This is the address that appears on  
your license/registration and is public):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My new Mailing Address  
(This is the address used to correspond  
with you):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My business phone number: \_\_\_\_\_ **This number is a public record.**

\*\*Please add your e-mail address if we may contact you electronically: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Licensee/Registrant**

\_\_\_\_\_  
**Date**