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BOARD OF DENTISTRY NAME/ADDRESS CHANGE FORM

All name/address changes are completed in the order received. Please allow approximately 5-7 business days for processing. You will receive written notification via e-mail or mail when the name/address change is completed.

The address/name change may be emailed (in pdf format), faxed or mailed to the board office.

If you wish to receive a license/registration with this change prior to the next renewal, please mail this form with a check or money order in the amount of \$20.00. The check or money order should be made payable to the "Treasurer of Virginia."

Please print or type the below information.

CURRENT INFORMATION

Last Name	First Name	M.I.	Maiden or Other
License Number (ten digit number)		Last four digits of your Social Security Number or <u>Virginia DMV control Number on record.</u> XXX-XX-_____	

CHANGE OF NAME

You must submit a copy of a legal document verifying your new name. The following are acceptable name change verification documents:

- | | |
|--|---|
| (1) Marriage certificate; | (3) Other legal document indicating the retaking of your maiden name; |
| (2) Divorce decree which indicated the retaking of your maiden name; | (4) Copy of court document(s). |

NEW NAME:

Last	First	Middle
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CHANGE OF ADDRESS

OLD ADDRESS:

Street Address		
City	State	Zip Code

NEW ADDRESS:

Street Address		
City	State	Zip Code
Should this new address be used as both your public and private address? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please provide a public address to add to our records: Business Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____	

Change of e-mail address: _____

SIGNATURE OF LICENSEE _____ DATE _____