



## *THE OHIO STATE BOARD OF COSMETOLOGY*

1929 Gateway Circle Grove City, Ohio 43123  
Phone: (614) 466-3834 Fax: (614) 644-6880 [www.cos.ohio.gov](http://www.cos.ohio.gov)

### Personal Name and Address Change Form

(This form cannot be used for salon and or tanning facility changes, a Business Application must be submitted)

Please complete the following form if you have a change of name and / or address. Submit the completed form to our office via, fax (614-644-6880) or mail to: Ohio State Board of Cosmetology 1929 Gateway Circle Grove City, Ohio 43123. Due to sensitive information DO NOT email this form.

Name \_\_\_\_\_

Your State Board Identification Number: \_\_\_\_\_  
(Do not include a Salon or Tanning Facility Id number)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Email address: \_\_\_\_\_

### ADDRESS CHANGE

New Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Old Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### NAME CHANGE

A copy of legal documentation such as court documents supporting a name change, citizenship documents, marriage license or certification must be provided to make a name change. If you would like a license to reflect the name change you must appear at our office and request a duplicate license. To obtain a duplicate you must provide mail to confirm your address, a current valid driver's license a new photo for processing and provide a fee of \$20.00 in the form of a check, money order, credit or debit card as a form of payment. Cash is not accepted.

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_