

SPEECH AND HEARING PROVIDER
NAME CHANGE APPLICATION
Bureau of Licensing for Professions & Occupations
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

APPLICATION CHECKLIST				ADHS Review
Application with all fields complete				
A copy of a government issued photo document with current legal name				
A copy of a legal document linking name currently on the certificate to the new legal name. Example: <ul style="list-style-type: none"> • Marriage Certificate; • Divorce Decree; or • Court Order 				
APPLICANT INFORMATION				
First Name on Certificate	Middle Name on Certificate	Last Name on Certificate	License Number	
Email Address		Phone Number (XXX) XXX-XXXX		
Street Address Apt, Unit, etc. #				
City		State	Zip Code	
NEW LEGAL NAME				
Legal First Name	Legal Middle Name		Legal Last Name	
APPLICANT ATTESTATION				
I, _____ attest that all information submitted as part of this application is true and accurate.				
_____ Signature of Applicant			_____ Date Signed	