



## CHANGE OF PERSONAL INFORMATION FORM

### LICENSEE INFORMATION

PRINT YOUR NAME ABOVE	LICENSE NUMBER

### MARK TYPE OF CHANGE BEING MADE – MARK ALL THAT APPLY

- LEGAL NAME CHANGE     
  PHYSICAL ADDRESS CHANGE     
  MAILING ADDRESS CHANGE  
(If you marked one or more of the above, your wall license and pocket card must be submitted to the Commission Office.)
- PHONE NUMBER CHANGE     
  EMAIL ADDRESS UPDATE

Old Personal Information	New Personal Information
LEGAL NAME	LEGAL NAME
PHYSICAL ADDRESS	PHYSICAL ADDRESS
APT, STE, OR UNIT#	APT, STE, OR UNIT#
CITY, STATE & ZIP CODE	CITY, STATE & ZIP CODE
COUNTY	COUNTY
MAILING ADDRESS	MAILING ADDRESS
APT, STE, OR UNIT#	APT, STE, OR UNIT#
CITY, STATE & ZIP CODE	CITY, STATE & ZIP CODE
COUNTY	COUNTY
PHONE NUMBER	PHONE NUMBER
EMAIL ADDRESS	EMAIL ADDRESS
<b>X</b>	
LICENSEE SIGNATURE (NEW NAME)	DATE