

## REQUEST FOR NAME AND/OR ADDRESS UPDATE

Authority: 1980 PA 299

Name on Current License (including d/b/a, if applicable)		Permanent ID Number
New Name Requested (including d/b/a, if applicable)		
New Address Requested		City, State and Zip Code
Phone	Email Address	
_____ Signature		_____ Date

**FEE PAYMENT INFORMATION - CHECK ALL THAT APPLY (\$10.00 PER LICENSE REPRINT)**

If request is for an address change only and a reprint of the license is not needed, there is no fee required.

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Accountancy - Individual</td><td style="width: 20%; text-align: right;">1101-32</td></tr> <tr><td>Accountancy - Firm</td><td style="text-align: right;">1102-32</td></tr> <tr><td>Appraiser, Real Estate</td><td style="text-align: right;">1201-32</td></tr> <tr><td>Appraisal Management Companies</td><td style="text-align: right;">1202-32</td></tr> <tr><td>Architect</td><td style="text-align: right;">1301-32</td></tr> <tr><td>Barber</td><td style="text-align: right;">1701-32</td></tr> <tr><td>Barber Shop* (<i>name change only</i>)</td><td style="text-align: right;">1702-32</td></tr> <tr><td>Barber College/School* (<i>name change only</i>)</td><td style="text-align: right;">1705-32</td></tr> <tr><td>Builders - Individual Residential</td><td style="text-align: right;">2101-32</td></tr> <tr><td>Builders - Residential Building Facility</td><td style="text-align: right;">2102-32</td></tr> <tr><td>Builders - Individual M &amp; 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