

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208)-334-3233 Fax: (208) 334-3945
E-mail: ibol@ibol.idaho.gov

INDIVIDUAL NAME AND/OR ADDRESS CHANGE AFFIDAVIT

NOTE: You cannot change the name of your business or the legal structure of your business with this form. Changes to the name of your business or the legal structure of your business may require you to reapply. Please contact the Bureau prior to your expiration date if you have had a change in your business name to avoid any lapse in licensure/registration and payment of extra fees. Changes to the physical location address for Cosmetology and Barber Establishments, Crematories, Funeral Establishments, Cosmetology and Barber Schools, Driving Businesses and Liquefied Petroleum Gas Facilities require a new license application.

INSTRUCTIONS

This completed affidavit must be submitted to the Bureau of Occupational Licenses. All changes requested will appear on your next license. **If you wish to receive a new license bearing the change(s), you must return this form and a \$10.00 fee (\$20 for Geologists).**

I _____, affirm that I am the legal owner of license/registration
Print or type full name of licensee/ registrant
number _____ and hereby request a change or correction in the official public record.
complete license/registration number

INDIVIDUAL NAME CHANGE

My name (print) exactly as it should appear on my license/registration: _____

To authorize this change I am enclosing a CERTIFIED copy of (one of the following):

Marriage License Divorce Decree Court document noting individual name change

ADDRESS CHANGE

Both sections below must be completed if you wish to change BOTH your mailing address and your Address of Record.

My new Address of Record
(This is the address that appears on
your license/registration and is public):

My new Mailing Address
(This is the address used to correspond
with you):

My business phone number: _____ **This number is a public record.**

**Please add your e-mail address if we may contact you electronically: _____

Signature of Licensee/Registrant

Date