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## NOTIFICATION OF NAME CHANGE

The California Department of Consumer Affairs may recognize a name change by an applicant or licensee if that name is now their legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading the public. Send application and check for fees to address above. Upon payment, the Board will mail the replacement license(s) to your address of record.

### SECTION A: NAME CHANGE INFORMATION

<b>Former First Name</b>	<b>Former Middle Name</b>	<b>Former Last Name</b>
<b>New First Name</b>	<b>New Middle Name</b>	<b>New Last Name</b>
<b>AC License #</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Email Address</b>

### SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS

You must submit photo or electronic copies of both of the following two required documents:  
 A current government issued photographic identification (e.g., driver license, alien registration, passport, etc.),  
 One of these legal documents as proof of name change. Select and attach a copy of the document.

- Certified Court Order**     
  **Marriage Certificate**     
  **Dissolution of Marriage (Divorce)**

### SECTION C: FEES - All licenses issued must be replaced so that they reflect your name change.

<b>Required</b>	\$50 Replacement pocket license
If applicable*	*If you currently have one or more wall license(s) requiring a name change, please provide the WL number(s) (#) below. If you wish to register a new place of practice and obtain a new wall license, please submit a <a href="#">Wall License Location Form</a> . \$50 replacement fee <b>for each</b> registered wall license requiring a name change

**Total Fees: \$50 (Required Replacement Pocket License) + \$50 x Number of Wall Licenses replaced = \$ \_\_\_\_\_**

WL #: _____	WL #: _____	WL #: _____	WL #: _____
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### SECTION D: PERSONAL ATTESTATION (required)

**I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### FOR BOARD USE ONLY

AMOUNT \$ _____	RECPT # _____	DATE _____	
1. Verify ID _____	2. ATS _____	3. CAS _____	4. Pocket _____ 5. Connect _____ 6. WL _____