



Bureau of Professional and Occupational Affairs
State Board of Vehicle Manufacturers, Dealers & Salespersons
PO Box 2649, Harrisburg, PA 17105-2649
717-783-1697; 717-787-0250 (FAX)
www.dos.state.pa.us/vehicle

PERSONAL NAME CHANGE/HOME ADDRESS CHANGE/DUPLICATE LICENSE

This request form is used to process a change of personal name and/or address on an individual's license record or to request a duplicate copy of an existing, active license.

CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION

CHANGE OF PERSONAL NAME

- With this form provide clear copies of documents supporting the name change. You must submit one of the following: (1) marriage certificate **or** (2) divorce decree which indicates the retaking of your maiden name **or** (3) the court document approving the legal name change.
- Because it is required that the license in your employing dealer's office reflect your correct name, you must also choose the Duplicate License option below and provide the accompanying fee.
- Complete the information below.

CHANGE OF HOME ADDRESS AND/OR EMAIL ADDRESS

- Complete the information below. No fee is required as this information is not printed on your license.

DUPLICATE LICENSE

- Complete the information below.
- A \$5.00 fee in the form of a check or money order made payable to Commonwealth of PA, must be submitted with this form for the duplicate license. **A processing fee of \$20.00 will be charged for any check returned unpaid by your bank, regardless of the reason for non-payment.**

Name currently on license: _____

Name changing to (if applicable): _____

Date of Birth: _____ SSN: _____ License Number: _____

Previous Address/Email Address: _____

New Address/Email Address (if applicable): _____