MAILING ADDRESS:

PO BOX 2649 Harrisburg, PA 17105-2649

BUSINESSADDRESS:

City:

DEPARTMENT OF STATE STATE BOARD OF AUCTIONEER EXAMINERS

Email: st-auctioneer@pa.gov
Web site: www.dos.state.pa.us/auct
Telephone: 717-783-3397
FAX: 717-705-5540

COURIER ADDRESS:

2601 North Third Street Harrisburg, PA 17110

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REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE

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

CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION		
CHANGE OF PERSONAL NAME AND/OR ADDRESS:		
<u>are</u> inc <i>dr</i>	mit an 8½ x 11 copy of a legal document verifying your new name. The only acceptable documents a marriage certificate, divorce decree which indicates the retaking of your maiden name, court order rating the retaking of a maiden name, or a court order approving a legal name change. Copies of the er's license or Social Security cards are not acceptable. Failure to submit required documents will all in your license being issued in the name as shown on our records.	
2. Co	omplete the information below.	
REQUEST FOR A DUPLICATE LICENSE:		
 Submit a \$5.00 fee, check or money order, payable to the "Commonwealth of PA." A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Complete the information below. 		
LICENSEE NAME:		LICENSE #:
EMAIL ADDRESS:		TELEPHONE #:
SOCIAL SECURITY #:		DATE OF BIRTH:
CHECK THE APPROPRIATE BOX FOR THE ADDRESS THAT SHOULD APPEAR ON THE LICENSEHOME OR BUSINESS ADDRESS		
HOME		OLD DDRESS: Required for City: State: 7in Code:
ADDKE35		Verification City: State: Zip Code:

State:

Zip Code: