64-CHGINDLIC-400 10-03

| **Mailing Address:**<br><br>**PO Box 2649**<br>**Harrisburg, PA 17105-2649** | **DEPARTMENT OF STATE**<br>**STATE BOARD OF**<br>**AUCTIONEER EXAMINERS** | **Courier Address:**<br><br>**2601 North Third Street**<br>**Harrisburg, PA 17110** |
|---|---|---|

## 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.

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## CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION

☐ **CHANGE OF PERSONAL NAME AND/OR ADDRESS:**

1. Submit an 8½ x 11 copy of a legal document verifying your new name. **The only acceptable documents are:** a marriage certificate, divorce decree which indicates the retaking of your maiden name, court order indicating the retaking of a maiden name, or a court order approving a legal name change. ***Copies of driver's license or Social Security cards are not acceptable. Failure to submit required documents will result in your license being issued in the name as shown on our records.***

2. Complete the information below.

☐ **REQUEST FOR A DUPLICATE LICENSE:**

1. 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**.

2. Complete the information below.

| | | | | |
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| **LICENSEE NAME:** | | | **SOCIAL SECURITY #:** | |
| **LICENSE #:** | | | **DATE OF BIRTH:** | |
| ****CHECK THE APPROPRIATE BOX FOR THE ADDRESS THAT SHOULD APPEAR ON THE LICENSE---HOME OR BUSINESS ADDRESS**** | | | | |
| ☐ **HOME ADDRESS:** | | | **OLD ADDRESS:** *(Required for Verification)* | |
| | City: | State: Zip Code: | City: | State: Zip Code: |
| ☐ **BUSINESS ADDRESS:** | | | | |
| | City: | State: Zip Code: | | |

**PLEASE PRINT**

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