

**SPEECH AND HEARING PROVIDER
NAME CHANGE APPLICATION**
Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

APPLICATION CHECKLIST			ADHS Review
Application with all fields complete			
A copy of a government issued photo document with current legal name			
A copy of a legal document linking name currently on the certificate to the new legal name. Example: <ul style="list-style-type: none"> • Marriage Certificate; • Divorce Decree; or • Court Order 			
APPLICANT INFORMATION			
First Name on Certificate	Middle Name on Certificate	Last Name on Certificate	License Number
Email Address		Phone Number (XXX) XXX-XXXX	
Street Address			Apt, Unit, etc. #
City		State	Zip Code
NEW LEGAL NAME			
Legal First Name	Legal Middle Name	Legal Last Name	
APPLICANT ATTESTATION			
I, _____ attest that all information submitted as part of this application is true and accurate.			
_____ Signature of Applicant		_____ Date Signed	