



Arizona Barbering & Cosmetology Board
1740 W Adams St • #4400 • Phoenix, AZ 85007
<https://bcb.az.gov> • 480-784-4539

PERSONAL NAME CHANGE

First Name: Last Name: Middle Initial:
Address: City: State: Zip:
Phone: Email:
License Number:

I am requesting a name change on my personal license:

From: To:
Reason for name change: Marriage Divorce Other

Explain:

Signature: Date:

Please email or mail this form **and** a copy of the legal document providing proof of name change to:

1740 W. Adams St #4400 OR sleomiti@bcb.az.gov
ATTN: Personal Name Change
Phoenix, AZ 85007

Acceptable legal documents include a driver's license, social security card and/or passport.

Pursuant to Title II of the Americans with Disability Act (ADA), persons with disabilities may request a reasonable accommodation by contacting Barbering & Cosmetology Board ADA Coordinator at (480) 784-4539.