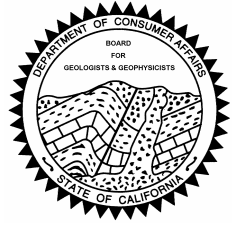




# Request for Name Change



## a. General Information

<b>New Name</b> _____
Last <span style="margin-left: 200px;">First</span> <span style="margin-left: 100px;">Middle</span>

Name on File \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

E-mail address of record \_\_\_\_\_

Residence Address \_\_\_\_\_  
 (address, city, state, zip code)

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## b. Licensure Information and Documentation of Name Change

Date California of Licensure \_\_\_ / \_\_\_ / \_\_\_ California PG or PGp License number \_\_\_\_\_  
 CEG Certification number \_\_\_\_\_ CHG Certification number \_\_\_\_\_

**Check this box if you are an Applicant:**

I have attached photocopies of a current government-issued photo ID (e.g. driver's license, passport, alien registration) and one of the following certified legal documents as proof of my name change:

- Certified Court order     Marriage Certificate     Dissolution of Marriage (divorce)
- Certified Declaration of Domestic Partnership     Notarized Document Verifying Name Change

I certify under penalty of perjury and under the laws of the State of California that all statements furnished in connection with this application are true and correct.

Name (typed or printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of Applicant)

**Address all communications regarding your application to:**  
**Attention: Administrative and Logistical Support Unit**  
**Board for Geologists and Geophysicists**  
**1625 N. Market Blvd. Suite N-324**  
**Sacramento, CA 95834**

GE-15-L (04/08)