

CHANGE OF ADDRESS / NAME / EMPLOYMENT FORM

License Number: _____

OLD: _____

Last Name First Name MI

Address City State Zip

Previous Laboratory

Laboratory Address

NEW: _____

Last Name First Name MI

Address City State Zip

Present Laboratory

Laboratory Address

Return To:

OFFICE OF LABORATORY SERVICES
ATTN: PERSONNEL LICENSURE
167 11TH AVENUE
SOUTH CHARLESTON, WV 25304
FAX (304) 558-2006

E-mail: mikecrouch@wvdhhr.org