

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation**

CHANGE OF NAME REQUEST

Name of Profession:

IL License #

_____ --- _____

Name as it currently appears on license (last, first, MI):

New Name (last, first, MI):

Mailing Address (street, city, state, zip code):

Submit proof of one of the following (please check document submitted):

_____ Copy of Marriage Certificate

_____ Copy of Divorce Decree

_____ Copy of Court Order

If you would like a **reprint** of your license reflecting your name change, you **must** submit one of the following documents:

_____ ***Original*** license and pocket card (no copies); **or**

_____ Letter explaining inability to do so

Include the **applicable fee**:

_____ **\$25** -- Real Estate, Appraisal, Auction, and Home Inspection professions

_____ **\$20** -- All other professions

Checks and money orders must be made payable to the Division of Professional Regulation. The fee and documents should be submitted to:

No Fee Enclosed:

Division of Professional Regulation--LMU1
320 West Washington Street, 3rd Floor
Springfield, IL 62786

Fee Enclosed:

Division of Professional Regulation
Cash Management Unit
320 West Washington, 3rd Floor
Springfield, IL 62786

Note: A fee is ***only required*** if you would like a reprint of your license. ***No fee is required for controlled substance reprints.***

Note: Original Controlled Substance license **must be returned** for corrections.