



## CHANGE OF INFORMATION FORM

### PCS Cosmetology / Barber Department

- Address change- Name, date of birth, old address, new address, your signature is required.
- Name change- Previous name, date of birth, new name, date of birth, copy of marriage certificate, or security card, court documents or driver's license (legal documentation) and your signature is required.
- Social Security Number (SSN) change – Name, previous SSN, copy of U.S. Social Security ID Card, and your signature is required.

\*=Required regardless of other changes. I am applying for a license in the state of: \_\_\_\_\_

#### INFORMATION CURRENTLY ON RECORD

\*Name \_\_\_\_\_  
First MI Last/ Name  
\*Date of Birth: \_\_\_\_\_ US SSN (if changing): \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country/Province: \_\_\_\_\_  
Email: \_\_\_\_\_

#### NEW INFORMATION

\*Name \_\_\_\_\_  
First MI Last/Surname  
\*Date of Birth: \_\_\_\_\_ US SSN (if changing): \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country/Province: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
\*Candidate Signature

\_\_\_\_\_  
\*Date

#### FOR OFFICE USE ONLY

Change made by \_\_\_\_\_ Date \_\_\_\_\_

**FAX COMPLETED FORM TO: 615-846-0153 ATTN: BARBER DEPARTMENT**