



Board of Respiratory Care

NAME CHANGE REQUEST FORM

To have your name changed on your license, please complete the information below and provide a copy of one of the following documents with this form:

- **Social Security Card (must display your new name)
- **Driver’s License (must display your new name)
- **Document by which your name was legally changed (i.e. marriage license, divorce decree)

Current Name on License: _____

License Number (Required): _____
 (Go to www.respcare.mt.gov and Lookup License, if you do not know your license number)

Date of Birth (Required): _____

Social Security Number (Required): _____

Change Name to: _____

Daytime Phone: _____ or Cell Phone: _____

Email Address: _____

Signature: _____ Date: _____

Please return this completed form via fax, email (need documents attached and scanned in) or by postal mail to:

FAX: (406) 841-2305

EMAIL: DLIBSDLicensingUnitA@mt.gov

Mail: Board of Respiratory Care, 301 South Park, PO Box 200513, Helena, MT 59620-0513