



Montana Department of  
**LABOR & INDUSTRY**  
Business Standards Division

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](http://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:** [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

**Mail:** Board of Respiratory Care, 301 South Park, 4th Floor, PO Box 200513, Helena, MT 59620-0513