

Please complete this form if you have a change of address, phone number or name correction, and return to:

Operator Certification Section
Department of Environmental Protection
2600 Blair Stone Road, MS 3506
Tallahassee, Florida 32399-2400
Phone: (850) 245-7500 Fax (850) 245-8411

ADDRESS/NAME CHANGE NOTIFICATION

Name _____
(Name changes require copies of appropriate legal documentation.)

*Social Security Number _____

Phone Number (home) _____ (work) _____

License Number (type/level) _____

<p><u>OLD NAME</u></p> <p>_____</p> <p><u>NEW NAME</u></p> <p>_____</p> <p>(Name changes require copies of appropriate legal documentation at time of submittal.)</p>

<p><u>OLD ADDRESS</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>NEW ADDRESS</u></p> <p>_____</p> <p>_____</p> <p>_____</p>

Signature _____ Date _____

Social Security numbers must be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), Public Law 104-193, 1996.