



State of Vermont
Office of the Secretary of State

Office of Professional Regulation
89 Main St., 3rd Floor
Montpelier, VT 05620-3402

[fax] 802-828-2465
www.sec.state.vt.us

James C. Condos, Secretary of State
Christopher D. Winters, Deputy Secretary
Colin R. Benjamin, Director

CHANGE OF CONTACT INFORMATION

Please complete this form and submit to our office (mail, fax or email)

EMAIL ADDRESS (Print): _____

Check one of the following:

- I am an Applicant, not yet licensed in Vermont. License #: _____ - _____
- I am a licensed Professional in Vermont.

Reason for change (check one):

- NAME CHANGE**
- MARRIAGE** (Must include a copy of your Marriage License/ Civil Union Certificate)
- DIVORCE** (Must include a copy of your Divorce Decree)
- OTHER** (Must include a copy of your Social Security Card, Probate Court Order or Government Issued ID)

ADDRESS CHANGE

PREVIOUS INFORMATION

PROFESSION: _____
FIRST NAME: _____ MI: _____ LASTNAME: _____
DATE OF BIRTH: ____/____/____ SSN#: _____ - _____ - _____

NEW INFORMATION

FIRST NAME: _____ MI: _____ LAST NAME: _____
UPDATED MAILING ADDRESS TO:
STREET/P.O. BOX: _____ APT/SUITE #: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY _____
PHONE #: (____) _____ - _____ CELL #: (____) _____ - _____

I understand that it is unprofessional conduct for a licensee to fail to notify the Vermont Secretary of State, Office of Professional Regulation of a change of name or address within thirty (30) days. (3 V.S.A. § 129a(a)(14)).

Sign Date: ____ / ____ / ____
MM DD YY

Print Name: _____

