



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 New Jersey State Board of Cosmetology and Hairstyling
 124 Halsey Street, 6th Floor, P.O. Box 45003
 Newark, New Jersey 07101
 (973) 504-6400

Change of Name/Address Form

Please print clearly.

Name: _____

License number: _____

Address: _____

Street

City

State

ZIP code

New address: _____

Street

City

State

ZIP code

New name: _____

Signature: _____

Please Note: You must submit certified or sealed legal documentation with this form to request a name change with the Board Office.

Please Fax or Mail to: **New Jersey State Board of Cosmetology and Hairstyling**
P.O. Box 45003
Newark, NJ 07101

Fax number: (973) 504-6477
