

COSMETOLOGY COMMISSION

217 W. Missouri Ave., Pierre, SD 57501

Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

NAME CHANGE REQUEST FORM

INSTRUCTIONS: Fill out this form online and print or print the form and legibly print the required information. Complete each section of this form accurately and to the best of your knowledge.

Please include a copy of the supporting document(s) for this name change (e.g. marriage certificate, court order, etc.). Please return this form and supporting documentation to the Cosmetology Commission by mail to 217 W. Missouri Ave., Pierre, SD, 57501. If you need assistance with completing this form, please call the Cosmetology Commission at 605.773.6193.

Note: Please include payment in the form of check or money order for all applicable licenses you currently hold. The Cosmetology Commission will reissue your license(s) with your updated name and mail it to the address we have on file for you.

License Replacement Fee: \$5.00 per license (pursuant to ARSD 20:42:03:03)

1. Current Name (First/Middle/Last): _____

2. Personal License Number: _____

3. Change my name to (First/Middle/Last): _____

4. Supporting Document(s) included:

Licensee Signature

Date