

## BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR CALIFORNIA BOARD OF OCCUPATIONAL THERAPY 1610 Arden Way, Suite 121, Sacramento, CA 95815 P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov



## NAME CHANGE REQUEST

the following items MUST and Driver's License showing you	accompany this form	n along with a copy of yo	ur
Marriage Certificate	Divorce Decree	e Court Order	
Other (Please explain)	:		
I,	OT / OTA ;	# certify un	der
the penalty of perjury that			
My former name was	Former Name on Record	I have changed my	<sup>,</sup> name
for all purposes to	New Name of Record	_ and I did not change my	y name
for purposes of fraud.			
SIGNATURE	<del>-</del>	DATE	
***** PLEASE ENCLO	SE APPROPRIATE	EDOCUMENTATION ***	***

**NOTE:** YOUR NAME CHANGE REQUEST WILL **NOT** BE PROCESSED WITHOUT THIS FORM AND THE APPROPRIATE DOCUMENTATION.