



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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NAME CHANGE REQUEST

Please fill out the following information:

I, _____, OT / OTA # _____ **certify under**
(Please circle one)
the penalty of perjury that the foregoing is true and correct.

My former name was _____. I have changed my name
Former Name on Record

for all purposes to _____ and I did not change my name
New Name of Record

for purposes of fraud.

A copy of your Passport OR Driver's License/ State Issued Identification Card showing your new name AND one of the following items MUST accompany this form to process your request:

Marriage Certificate

Divorce Decree

Court Order

SIGNATURE

DATE

***** PLEASE ENCLOSE COPIES OF APPROPRIATE DOCUMENTATION *****

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