CURRENT ADDRESS (STREET) CITY

NAME:

DEPARTMENT OF HEALTH AND HUMAN SERVICES Aging and Disability Services Division



STATE

Dena Schmidt Administrator

ZIP

Helping people. It's who we are and what we do.

CHANGE OF ADDRESS AND CHANGE OF NAME FORM

Change of Address

| NEW ADDRESS (STREET) | CITY | STATE | ZIP |
|--|---------------|-------|----------|
| NATIONAL LICENSE/ REGISTRA | ATION NUMBER: | , | <u>,</u> |
| NEVADA LICENSE./REGISTRATION NUMBER: | | | |
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| Change of Name | | | |
| Along with form, please submit proof of name change, as well as a \$25.00 license fee. | | | |
| CURRENT NAME: | | | |
| NATIONAL LICENSE/ REGISTRATION NUMBER: | | | |
| NEVADA LICENSE/REGISTRATION NUMBER: | | | |
| REQUESTED NAME CHANGE: | | | |
| | | | |
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