



INDIVIDUAL LICENSE INFORMATION CHANGE FORM

SMOG CHECK INSPECTOR/REPAIR TECHNICIAN OR VEHICLE SAFETY SYSTEMS TECHNICIAN ONLY

Licensees must notify BAR within 14 days of any change to their information.

LICENSEE OR APPLICANT (Required)

Name (Last, first, middle, suffix)

License number, BAR ID number, or ATS/PSI candidate number

CHANGE PERSONAL INFORMATION (Check the box for the information you want to change. Complete only the sections that apply.)

Legal name (Last, first, middle, suffix) A legal court document or government issued photo identification is required. Attach the documentation when submitting your completed form.

FROM

TO

Select the document you are submitting:

Legal court document

Government issued photo ID

Address of record (Number and street, suite or unit #, city, state, and zip code) The address of record is posted on BAR's website. Your license is mailed to the address of record.

FROM

TO

Mailing address (Number and street, suite or unit #, city, state, and zip code) No PO Box allowed. Your courtesy renewal notice is mailed to this address.

FROM

TO

Telephone number (XXX-XXX-XXXX)

FROM

TO

Email address

FROM

TO

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all information and documentation provided are true and correct.

Print name

Signature

Date

SUBMIT COMPLETED FORM AND ATTACHMENTS BY EMAIL TO BARLICENSING@DCA.CA.GOV

For department use only

License, BAR ID, or ATS/PSI candidate number:

Initials:

Date processed: