STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

BUREAU OF AUTOMOTIVE REPAIR | LICENSING PROGRAM
10949 North Mather Boulevard, Rancho Cordova, CA 95670
P (855) 735-0462 F (855) 641-9982 | www.bar.ca.gov

CHANGE OF ADDRESS AND/OR NAME

(For personal licenses only: Smog Check Inspector/Repair Technician or Brake/Lamp Adjuster)

CHANGE TYPE: *(Please select applicable box(es)*

- ☐ **CHANGE OF ADDRESS OF RECORD** (Complete sections A, B, and E.)
- ☐ **CHANGE OF MAILING ADDRESS** (Complete sections A, C, and E.)
- ☐ **CHANGE OF NAME** (Complete sections A, D, and E.)
  Attach a copy of legal document verifying change of name

FOR DEPARTMENT USE ONLY
License #:
Date Processed:
Initials:

MAIL COMPLETED FORM AND ALL ATTACHMENTS TO THE LICENSING UNIT AT THE ABOVE ADDRESS OR EMAIL THE COMPLETED FORM AND ATTACHMENTS TO BARLICENSINGAPPLICATIONS@DCA.CA.GOV.

SECTION A. LICENSEE INFORMATION

NAME Last First Middle	**LICENSE NUMBER**

SECTION B. CHANGE OF ADDRESS OF RECORD

FORMER ADDRESS OF RECORD Number and Street		
CITY	**STATE**	**ZIP CODE**
NEW ADDRESS OF RECORD Number and Street		
CITY	**STATE**	**ZIP CODE**

SECTION C. CHANGE OF MAILING ADDRESS

FORMER MAILING ADDRESS Number and Street		
CITY	**STATE**	**ZIP CODE**
NEW MAILING ADDRESS Number and Street		
CITY	**STATE**	**ZIP CODE**

SECTION D. CHANGE OF NAME

FORMER NAME Last First Middle	**NEW NAME** Last First Middle

A copy of a legal document verifying your change of name must be provided. Check the box of the document you are providing and attach a copy to this form.

☐ **LEGAL COURT DOCUMENT** ☐ **CALIFORNIA DRIVER LICENSE**

SECTION E. CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all statements made on this form and on all attached documents are true and correct.

SIGNATURE (please sign in ink)	**DATE**