

**Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation**

**CHANGE OF NAME REQUEST**

Name of Profession:

IL License #

\_\_\_\_\_ --- \_\_\_\_\_

Name as it currently appears on license (last, first, MI):

New Name (last, first, MI):

Mailing Address (street, city, state, zip code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit proof of one of the following (please check document submitted):

\_\_\_\_\_ Copy of Marriage Certificate

\_\_\_\_\_ Copy of Divorce Decree

\_\_\_\_\_ Copy of Court Order

If you would like a **reprint** of your license reflecting your name change, you **must** submit one of the following documents:

\_\_\_\_\_ ***Original*** license and pocket card (no copies); ***or***

\_\_\_\_\_ Letter explaining inability to do so

Include the **applicable fee**:

\_\_\_\_\_ **\$25** -- Real Estate, Appraisal, Auction, and Home Inspection professions

\_\_\_\_\_ **\$20** -- All other professions

Checks and money orders must be made payable to the Division of Professional Regulation. The fee and documents should be submitted to:

**No Fee Enclosed:**

Division of Professional Regulation--LMU1  
320 West Washington Street, 3rd Floor  
Springfield, IL 62786

**Fee Enclosed:**

Division of Professional Regulation  
Cash Management Unit  
320 West Washington, 3rd Floor  
Springfield, IL 62786

**Note:** A fee is ***only required*** if you would like a reprint of your license. ***No fee is required for controlled substance reprints.***

**Note:** Original Controlled Substance license **must be returned** for corrections.