

License Name Change Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally request a change of name on my health and safety license, currently held under the name [Current Name].

The new name to be reflected on the license is [New Name]. This change is necessary due to [reason for the name change, e.g., marriage, business name change, etc.].

Attached to this letter are the following documents to support my request:

- Copy of the current license
- Legal documentation of name change (e.g., marriage certificate, court order)
- Any other relevant documentation

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to contact me at [Phone Number] or [Email Address] should you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]