



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of
Long Term Health Care Administrators**

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www.llronline.com/POL/LongTermHealthCare/



NAME AND/OR ADDRESS CHANGE REQUEST FORM

Please mail or fax this form to the Board

Must be accompanied by one, of the following documents showing proof of your legal name change: A marriage license, final divorce decree or a court order indicating the name change. Copies sent to the Board must be legible.

PRINT OR TYPE (DO NOT USE PENCIL)

<input type="checkbox"/> Applicant <input type="checkbox"/> Licensee License Number: _____		
Previous Name (First)	(Middle)	(Last)
New Name (First)	(Middle)	(Last)
<u>ADDRESS CHANGE</u>		
<u>Old Information</u>		
Mailing Address _____		
City _____	State _____	Zipcode _____
Phone _____	Cell Phone _____	
County _____		
Email _____		
<u>New Information</u>		
Mailing Address _____		
City _____	State _____	Zipcode _____
Phone _____	Cell Phone _____	
County _____		
Email _____		

I certify that the information is true and correct.

SIGNATURE: _____

DATE _____