

**Professional and Vocational Licensing Division**  
FAX: (808) 586-3031

**Deliver to:** 335 Merchant Street, Suite 301  
Honolulu, HI 96813

**Mail to:** P.O. Box 3469  
Honolulu, HI 96801

**Email to:** [pvl@dcca.hawaii.gov](mailto:pvl@dcca.hawaii.gov)

## ADDRESS / NAME CHANGE REQUEST

(FOR HEALTH CARE PROFESSIONALS)

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

\*\*This form is to be used only by licensees regulated by the Professional and Vocational Licensing Division\*\*

### 1. OLD Name or OLD Address

Please complete the request form using the on-line fillable form, OR by printing legibly in dark ink.

LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Social Security No. \_\_\_\_\_ Profession \_\_\_\_\_ License No. or Application applied for \_\_\_\_\_

Entity Name \_\_\_\_\_

\_\_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_\_  
**Personal** E-mail Address

OLD Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This address is my:  RESIDENCE HOME  MAILING  **PERSONAL EMAIL**

### 2. NEW Name or NEW Address

**NOTE: You may NOT use this form to request a change of BUSINESS name.** A copy of any of the following documentation must accompany a name change request: marriage license, divorce decree, court order, etc. **DO NOT SEND ORIGINALS.**

LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Entity Name \_\_\_\_\_

\_\_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_\_  
**Personal** E-mail Address

NEW Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This address is my:  RESIDENCE HOME  MAILING  **PERSONAL EMAIL**

### 3. Affidavit

I hereby certify that the information provided on this form is true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, HRS).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.