

State Board of Barber Examiners
 P O Box 2649
 Harrisburg, PA 17105-2649

Courier Address:
 State Board of Barber Examiners
 2601 North Third Street
 Harrisburg, PA 17110

**REQUEST FOR DUPLICATE LICENSE
 REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE**

This request form is used to process a change of personal name and/or address on an individual license or to request a duplicate copy of an existing license. **You cannot use this form to make changes to a licensed shop or school license—visit the State Board of Barber Examiners web site at the address below or contact the Board Office for the appropriate application to make changes to a shop or school license.**

Licensees may also request a duplicate or make address changes on-line by logging onto their profile at www.mylicense.state.pa.us

CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION



CHANGE OF PERSONAL NAME AND/OR ADDRESS:

1. Submit an 8½ x 11 copy of a legal document verifying your new name. **The only acceptable documents are:** a marriage certificate, divorce decree which indicates the retaking of your maiden name, court order indicating the retaking of a maiden name, or a court order approving a legal name change. **Copies of driver's license or Social Security cards are not acceptable. Failure to submit required documents will result in your license being issued in the name as shown on our records.**
2. Complete the information below.



REQUEST FOR A DUPLICATE LICENSE:

1. Submit a \$5.00 fee, check or money order, payable to the "Commonwealth of PA." **A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**
2. Complete the information below.

LICENSEE NAME:		SOCIAL SECURITY #:	
LICENSE #:		DATE OF BIRTH:	
PLEASE PRINT CLEARLY			
ADDRESS:			OLD ADDRESS:
	City:	State: Zip Code:	City: State: Zip Code:
EMAIL:			

Email: ra-barber@state.pa.us
 Web Site: www.dos.state.pa.us
 Telephone: 717-783-3402
 Fax: 717-705-5540