



**NORTH CAROLINA RESPIRATORY CARE BOARD**  
1100 Navaho Drive, Suite 242  
Raleigh, NC 27609

## Request a Name Change

**Please Print**

Name on current license: \_\_\_\_\_

License number: \_\_\_\_\_

Name that you want on new license (first, middle initial, last):

\_\_\_\_\_

Enclose a copy of the document that changes your name (marriage license, divorce decree, etc.)

FEES:           \$10.00 for wallet card – **Required**  
                  \$20.00 for wall certificate – **Optional**

Payment: personal check, money order, or certified bank check – **NO CASH**

Mail this form, document, and payment to:

NCRCB  
1100 Navaho Drive  
Suite 242  
Raleigh, NC 27609

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date