



State of Vermont Secretary of State
Office of the Secretary of State

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James C. Condos, Secretary of State
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Office of Professional Regulation
National Life Bldg., North FL2
Montpelier, VT 05620-3402

Christopher D. Winters, Director

CHANGE OF ADDRESS

Please complete this form and submit to our office (mail, fax or email)

Check one of the following:

- I am a licensed Professional in Vermont.
- I am an Applicant, not yet licensed in Vermont.

LAST NAME: _____

FORMER/MAIDEN NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

VT LICENSE # (if applicable): _____ -- _____

PROFESSION: _____

DATE OF BIRTH: _____ / _____ / _____

SSN #: _____ -- _____ -- _____

NEW ADDRESS

Street/P.O. Box: _____

Apt/Suite #: _____

City: _____

State: _____

Zip: _____ -- _____

Phone #: (____) _____

Cell #: (____) _____

Email Address: _____

I understand that it is unprofessional conduct for a licensee to fail to notify the Vermont Secretary of State, Office of Professional Regulation of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).

Signed: _____

Date: _____ / _____ / _____

MM DD YYYY

Printed Name: _____

