



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

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James C. Condos, Secretary of State
Brian H. Leven, Deputy Secretary

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 an Applicant, not yet licensed in Vermont.

I am a licensed Professional in Vermont.

*Reprint license certificate.

*I understand there is a \$20 fee to reprint my license certificate. Checks payable to: Vermont Secretary of State

LAST 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: _____

