

**THIS FORM IS TO BE USED FOR NAME AND ADDRESS CHANGE
AND Order Form for Replacement Certificate**

Complete and Mail to:

Ohio Respiratory Care Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108
614-752-9218

Instructions:

- 1) Please complete Sections A and B for name and address changes. Complete Section A and C if you are requesting a replacement certificate. **Print or Type ONLY.**
- 2) The affidavit on page 2 **MUST** be notarized. To change a name, you must present to the notary and send a copy of one of the following documents along with this form to the address listed above:
 - Marriage certificate/abstract
 - Divorce decree
 - Court record indicating name change
 - Documentation from another state/country consistent with the laws of that jurisdiction reflecting the name change.
- 3) Cost for Wall Certificate is \$10.00.
- 4) Make checks Payable to: **TREASURER, STATE OF OHIO.**

Section A

Former Name

Last Name	First Name	MI
Street Address		
City	State	Zip Code
Employer		County
Street Address		
City	State	Zip Code
Employer		County

Address

Section B

New Name

Last Name	First Name	MI
Street Address		
City	State	Zip Code
Employer		County
Street Address		
City	State	Zip Code
Employer		County

New Address

Section C

\$10.00 Certificate

License Number	Name (First, MI, Last)
Home Phone Number	Work Phone Number
Reason for Replacement (lost, destroyed, or stolen)	

AFFIDAVIT OF NAME CHANGE - NOTARY PUBLIC REQUIRED

Any applicant who knowingly makes a false statement on this form is guilty of a misdemeanor of the first degree under Section 2921.13 of the Ohio Revised Code.

Licensee Signature

Date

Print name of licensee

being duly sworn states that he/she is the person referred to in Section B of this form and is the person named in the original license/limited permit issued and has presented a qualifying document (see below) to affirm his/her new identification.

Certified record presented:

- Marriage certificate/abstract
- Divorce decree
- Court record indicating name change
- Documentation from another state/country consistent with the laws of that jurisdiction reflecting the name change.

SEAL

Notary Signature

Date

Sworn and subscribed before me, a Notary Public, on this _____ day of _____, _____ (year).