



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**REQUEST FOR NAME CHANGE**

Current Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Name Change: \_\_\_\_\_

Documents Included (see Sec I, number 6): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like new certificate(s) printed?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please enclose \$5.00 check or money order for each certificate.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date