


**BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS**

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## NAME CHANGE AFFIDAVIT

Applicants/licensees/certificate holders who have submitted an application (initial application or Exam Request) using BPELSG Connect, or licensees who have completed a license renewal in BPELSG Connect, *do not* use this form; login to [BPELSG Connect](#) to complete an address change. Applicants who have multiple licenses/certificates should use the "Link Existing" button on their dashboard to link all licenses/certificates to ensure that all licenses/certificates/pending applications are included in the name change.

Applicants/licensees/certificate holders who do not fit the criteria mentioned above, submit this completed form to [bpelsg.address.change@dca.ca.gov](mailto:bpelsg.address.change@dca.ca.gov).

I, \_\_\_\_\_

Declare under penalty of perjury that the following declaration is true and correct. I have changed my name for all intents and purposes from:

 \_\_\_\_\_  
 (Last)

 \_\_\_\_\_  
 (First)

 \_\_\_\_\_  
 (Middle)

**To (New Name)**

 \_\_\_\_\_  
 (Last)

 \_\_\_\_\_  
 (First)

 \_\_\_\_\_  
 (Middle)

**Specify if you are a Licensee and/or an Applicant:**
 Licensee

License/Certificate Type \_\_\_\_\_ Number \_\_\_\_\_

License/Certificate Type \_\_\_\_\_ Number \_\_\_\_\_

 Applicant for the following examination(s): \_\_\_\_\_

**Personal Information/Contact Information:**

 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                   MM      DD      YYYY

E-mail Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_