



Individual Name Change Request Form

- This form may be attached to an email to be sent to agentmail@doi.sc.gov.
- Digital signatures will not be accepted.
- Individuals must provide supporting legal documentation for verification of the name change.
- **Please print clearly and legibly in blue or black ink. If the form cannot be read, it will be returned to the licensee.**

NPN _____

Previous Name _____

New Name:

First _____

Middle Initial _____

Last _____

Signature _____

