

PERSONAL INFORMATION CHANGE REQUEST FORM:

Please use this form to update your name, address, phone number and/or email address.

**CTS and IDFPR require each applicant/licensee to keep the agency notified of their current address, email address and phone number.*

Contact Information as it was originally provided to Continental Testing Services on your application:

*Indicates required field

NAME: * _____
First _____ Middle _____ Last _____

SOCIAL SECURITY NUMBER/ITIN: * _____

DATE OF BIRTH: * / / _____

ADDRESS: * _____ CITY: * _____

COUNTY: * _____ STATE: * _____ ZIP CODE: * _____ - _____

TELEPHONE NUMBER: * / - _____

EMAIL ADDRESS: * _____

WHAT DO YOU NEED TO UPDATE? (Please select all options below that you need to update.)

Name Address Telephone Email

NEW NAME: _____
First _____ Middle _____ Last _____

NEW ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____ - _____

NEW TELEPHONE NUMBER: / - _____

NEW EMAIL ADDRESS: _____

Under penalties of perjury, I declare that I have examined the personal information and all the supporting documentation, and to the best of my knowledge, they are true, correct and complete. I understand making a false statement may subject me to disciplinary action.

SIGNATURE: * _____ DATE: * _____