

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: *** _____