ADDRESS CHANGE FORM

License Number: ____________________  Last four digits of SSN: XXX-XX- __________

Name: _______________________________________________________________________
                  First                                MI                  Last

Previous Address: _____________________________________________________________
__________________________________________________________________________

New Address: ________________________________________________________________
__________________________________________________________________________

County of Residence                Telephone Number

I, the undersigned, do hereby solemnly swear or affirm that I am the above licensee, and that the statements contained therein or accompanying this form are true to the best of my knowledge and belief.

__________________________________________             ______________________
Licensee’s Signature                                                                Date

Mail to: MBOE, P.O. Box 4508, Jackson, MS 39296-4508
Fax to:  601-987-6808