

**NAME/ADDRESS CHANGE APPLICATION
REQUEST FOR NEW/DUPLICATE CNA CERTIFICATE**

Please check appropriate box(es):
I am requesting a name change (*free*)
I am requesting an address change (*free*)
I am requesting a new/duplicate CNA Certificate w/wallet card (\$15)

NAME (as appears on your CNA Certificate) _____ BIRTHDATE ____/____/____
NAME CHANGE REQUESTED _____
SOCIAL SECURITY # ____/____/____ PHONE (____) ____-____
NEW MAILING ADDRESS _____ APT # _____
CITY _____ STATE _____ ZIP _____
E-MAIL _____
UTAH CNA CERTIFICATE # _____ ISSUE DATE _____

SIGNATURE _____ DATE _____

**REQUIRED DOCUMENTATION
(Name Change Only)**

If you are requesting a name change, you must include one of the following (**please do not send any original documents**):

1. Copy of your marriage license
2. Copy of your Driver's License indicating your new name
3. Copy of your Social Security Card indicating your new name
4. Copy of your Divorce Decree (pages showing name change and Judge's signature only)

If you would like a certificate with your new name and/or address a \$15 fee will be incurred and must be paid for at the time request is made.

CNA CERTIFICATE WITH REMOVEABLE WALLET CARD		
	TOTAL COST	\$15

***Please make certified check or money order payable to UNAR.
Cash and personal checks are not accepted. If paying with credit card, complete all information below
(including signature). Payment must accompany application.***

Credit Card # ____/____/____/____ Exp. Date ____/____ CVV # _____
Authorized Signature _____

***If you are paying with credit card, this form can be e-mailed to UNAR@datc.edu for processing.
(Please allow 5-7 days for processing and mailing of new certificate.)***