

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

Please check appropriate box(es):
 I am requesting a name change (*free*)
 I am requesting a mailed Certificate w/wallet card (\$15) -or -
 I am requesting a digital & mailed Certificate w/wallet card (\$25)

NAME (as appears on your CNA Certificate) _____ BIRTHDATE ____/____/____

NAME CHANGE REQUESTED _____

LAST 4 OF SOCIAL SECURITY # _____ PHONE (____) _____ - _____

MAILING ADDRESS _____

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 a fee will be incurred and must be paid for at the time request is made.

Fees		
Duplicate CNA Certificate w/wallet card (<i>mailed version only</i>)	\$15	\$ _____
Duplicate CNA Certificate w/wallet Card (<i>digital & mailed version</i>)	\$25	\$ _____
UNAR Lapel Pin (\$3.00 pin + \$0.20 tax + \$2.00 shipping)	\$5.20	\$ _____
	TOTAL TO BE CHARGED	\$ _____

***Please complete all information below (including signature). Payment must accompany application.
 No personal checks, cash, money orders or cashier's checks are accepted.***

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

Authorized Signature _____

***This form can be e-mailed to UNAR@davistech.edu for processing.
 (Please allow 5-7 days for processing and mailing of new certificate.)***