

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

I am requesting a name change only (\$15)
 I am requesting a name change along with a mailed Certificate w/wallet card (\$25)
 I am requesting a name change along with a digital & mailed Certificate w/wallet card (\$30)

NAME (as appears on your TMU Account or CNA Certificate) _____

NAME CHANGE REQUESTED _____

BIRTHDATE ____/____/____ PHONE __ (____) _____ - _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

UTAH CNA CERTIFICATE # _____ ISSUE DATE _____

SIGNATURE _____ DATE _____

REQUIRED DOCUMENTATION (Name Change Only)

If you are indicating a new or corrected name, 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)

Fees		
Name Change Processing Fee (<i>required</i>)	\$15.00	\$ 15.00
Duplicate CNA Certificate w/wallet card (<i>mailed version only</i>)	\$10.00	\$
Duplicate CNA Certificate w/wallet Card (<i>digital & mailed version</i>)	\$15.00	\$
UNAR Lapel Pin (<i>\$3.00 pin + \$0.21 tax + \$2.00 shipping</i>)	\$ 5.21	\$
	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 ____/____

Authorized Signature _____

Billing City, State and Zip Code _____

This form can be e-mailed to UNAR@davistech.edu for processing.