



Louisiana

Office of the Governor
State Board of Examiners
of Interior Designers

11736 Newcastle Avenue, Bldg. 2, Suite C
Baton Rouge, LA 70816

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Website: www.lsbid.org Email: admin@lsbid.org

Name Change Request

This form is used to submit a name change to the Board. Our records will be updated upon receipt. A new identification card will be issued. A new wall certificate may be issued for a fee of \$25.00.

License # _____

Current Name on license _____

New Name to appear on license _____

Has your contact information changed? Yes No

If yes, please indicate below

AFFIDAVIT

I, _____, swear and affirm that the above information is correct.

Licensee Signature: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

NOTARY PUBLIC SIGNATURE/SEAL