



Louisiana

Office of the Governor
State Board of Examiners
of Interior Designers

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

Telephone 225.295.8425 Fax 225.304.6655
Website: www.lsbid.org Email: admin@lsbid.org

Name Change Request

This form is used to submit a name change to the Board. This form must be notarized by a Notary Public. Our records will be updated upon receipt. A new identification card will be issued. If you would like a new licensing certificate, you must submit a \$25 processing fee.

License # _____

Current Name: _____

New Name: _____

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: _____
(sign in presence of notary)

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

NOTARY PUBLIC SIGNATURE/SEAL

CREDIT CARD PROCESSING FORM

If you aren't comfortable mailing your credit card information, please submit a check or money order.



Only submit payment if you are requesting a new licensing certificate. Processing fee is \$25.00

LICENSEE NAME : _____

CREDIT CARD NUMBER : _____

EXPIRATION DATE : _____

BILLING ZIP CODE : _____