



**CHANGE OF INFORMATION NOTICE
And/Or
REPLACEMENT LICENSE REQUEST**



Instructions: This form is for current licensees who have had a name change, mailing address change, contact information change, employer change, or have lost their ACCR Certificate and are requesting a replacement license. Change of address, name, employer, or contact information are required to be reported to the ABCR office within thirty (30) days of the change. The Change of Information Fee is \$25. Please make check or money order payable to ABCR. Please mail the completed form and required fee to: ABCR; P.O. Box 241565; Montgomery, AL 36124-1565. Please e-mail any questions regarding this form or process to abcr@leadership-alliance.org.

Section 1 - Verification. List current licensee information on file below:

Last Name: _____ First Name: _____ Middle Name: _____
ACCR #: _____

Section 2 - Change of Information. Complete all sections below:

Last Name: _____ First Name: _____ Middle Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____
E-mail: _____ Web Site: _____

Employment:

Name of Current Employer(s)	Address of Current Employer(s)	Current Employer(s) Phone	Position Title

If additional space is needed, record on a separate sheet of paper and attach to this form.

Section 3 - Request. Please check below the specific request(s) needed.

- Name Change - This is a request to update my official ACCR record with legal name change. I have attached copies of at least one of the following required documents regarding legal name change (Marriage Certificate, Divorce Decree, or Court Order).
- Change of Address and/or Contact Information - I am requesting other change of information that does not require a replacement of my current license (address change, update of contact information, employer change, etc.)
- Replacement License - I have lost my license certificate or did not print my renewed certificate at the time of my renewal and am requesting a replacement license.

Section 4 - Affidavit of Applicant. Please complete your name, signature, and date below.

I, _____ acknowledge and state that all of the information supplied in this form is true and correct to the best of my knowledge, and I acknowledge that any false or untrue statements or representation made in this form may result in the revocation or denial of any license to practice court reporting granted to me and criminal prosecution to the fullest extent of the law.

Applicants Signature

Date