National Council for Interior Design Qualification

Name Change Form

To request a name change in your NCIDQ records, complete this form and submit it with a LEGIBLE copy of one valid government-issued identification (driver's license, passport, social security/social insurance card, etc.) showing your current full name. Scan and e-mail your form and legible identification to info@ncidq.org, or mail to NCIDQ Name Change, 1602 L Street NW, Suite 200, Washington, DC 20036-5681. Faxed forms are NOT accepted. *Note: if your name is simply misspelled in our database, just call or e-mail us to have it corrected—you don't need to fill out this form.*

NAME AND CONTACT INFORMATION

PLEASE PRINT CLEARLY.

Current Full Name _____
MR/MRS/MS FIRST MIDDLE LAST

Previous Name(s) _____

NCIDQ Certificate or Control Number _____

Professional Name _____
(Enter name exactly how you'd like it to appear on Certificate verifications, using upper and lower case. Example: Jane A. McIntosh)

Primary Address _____

City _____ St/Prov _____ ZIP/PC _____

Phone _____ E-mail _____

Alternate Address _____

City _____ St/Prov _____ ZIP/PC _____

Phone _____ E-mail _____

IDENTIFICATION

Attach a copy of one valid government-issued identification (driver's license, passport, social security/social insurance card, etc.) showing your CURRENT full name. You may use the space here or attach a separate sheet.

Please ensure your ID is LEGIBLE when copied. A color scanner provides best results.

ATTACH LEGIBLE COPY OF ID HERE.

FORMS SUBMITTED WITHOUT

LEGIBLE ID WILL NOT BE ACCEPTED.

SIGNATURE

By signing below, I verify that my name has changed to the "current full name" above. I understand that all NCIDQ correspondence will show my current name only. If my name and/or address changes in the future, I will promptly contact NCIDQ to update my record.

Signature _____ Date _____

STAFF USE ONLY

DB UPDATED Date _____ Staff _____ COMMS LOG ☐ Yes