



MARYLAND Department of Health

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, Secretary

CHANGE OF ADDRESS FORM

PLEASE PRINT CLEARLY

Name: _____ License#: _____

OLD ADDRESS

Home: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

NEW ADDRESS

Home: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____