



KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

Office: 502-782-0273 • Fax: 502-695-5887

kybve.com • vet@ky.gov

Request for Name or Address Change

Instructions: If unable to make personal information updates online through the eServices Portal, this form shall be completed by a licensee or certificate holder of the Kentucky Board of Veterinary Examiners to update an individual's legal name or address. The eServices Portal can be accessed at www.kybve.com, scroll down and click the icon next to the "Online Services" heading to be taken to the portal login page.

OFFICIAL USE ONLY

I. Requestor Information			
Registered First Name	Registered Middle Name	Registered Last Name	
KY License Number	Expiration Date	Social Security Number	Date of Birth, format: MM/DD/YYYY
Current Email Address			
Current Cell Phone	Current Business Phone		

II. Address Change Information, if any					
Address Type	Street	City	ST	Zip	Country
<u>NEW</u> Personal Mailing Address					
<u>NEW</u> Business Name					
<u>NEW</u> Business Address					

III. Name Change Information, if any		
<u>NEW</u> First Name	<u>NEW</u> Middle Name	<u>NEW</u> Last Name

IV. Required Attachments	
<input type="checkbox"/> For <u>personal address change</u> , include a copy of updated driver's license or passport showing new address.	
<input type="checkbox"/> For <u>name change</u> , include copy of updated driver's license, social security card, passport, or marriage certificate.	
Signature of Requestor	Date

Submit Complete Form to: Vet@ky.gov or via post to
Kentucky Board of Veterinary Examiners
107 Corporate Dr, Second Floor
Frankfort, Kentucky 40601

