

NOTICE

This application for licensure in the District of Columbia is provided to you in a ***new interactive format***. This application form **can** be filled out online, but the form **cannot** be submitted electronically. You must print out the completed form and submit with all other required documentation listed in the application instructions section of the new license package.

Please note the following instructions for completing your application form:

- Fill out your application information online.
- Print and notarize your completed application form.
- Mail the application, along with all required supporting documents and applicable fees, to Promissor at the address listed on the application.

Should you encounter any problems with completing the application form online, we welcome your questions and feedback. We encourage our customers to contact us by **email**, or by dialing the toll-free number listed on the application.

[Proceed to the application.](#)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration
NEW LICENSE APPLICATION BY RECIPROCIITY

SECTION 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 4A. HOME ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT SUITE FLOOR PO BOX NUMBER _____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

HOME PHONE NUMBER HOME FAX NUMBER

SECTION 4B. BUSINESS ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER _____

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

SECTION 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME BUSINESS

