AMT
American Medical Technologists
Certifying Excellence in Allied Health

APPLICATION FOR
NAME CHANGE or ADDITION OF SOCIAL SECURITY NUMBER

Submit the completed form and required documentation to the AMT office by email at namechange@americanmedtech.org. Forms without appropriate documentation attached will not be processed. Please type or print clearly.

Name on Account: _____
Last First Middle

_____
Street Address

_____
City State Zip Code

Email Address: _____

AMT ID #:_____ Daytime Phone/Cell: _____

☐ CHANGE NAME to: _____
Last First Middle

☐ ADD SOCIAL SECURITY NUMBER TO AMT ACCOUNT:_____

CHECK BOX INDICATING SUPPORTING DOCUMENTATION ATTACHED:

- ☐ Photo of Driver's License, Passport or State ID
- ☐ Copy of Marriage Certificate
- ☐ Copy of Divorce Decree
- ☐ Copy of Social Security Card (Required to add Social Security Number)

I certify that the information provided herein is true and correct to the best of my knowledge and I have also enclosed any required documentation of my circumstances.

Signature of applicant:_____Date: _____

Please allow up to 4-5 business days for the change to be processed.