



COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

INDIVIDUAL NAME CHANGE

CLEET
2401 EGYPT RD
ADA, OK 74820

License/CLEET Number: _____

Name as it appears on License/Certification: _____

DOB: ____/____/____ Last Four (4) of SSN: XXX-XX-_____

Are you requesting a name change? YES NO If yes, attach **certified** legal documentation supporting this name change.

New Name: _____

If any personal information has changed, please complete the below:

New Mailing Address: _____ City/State: _____ Zip: _____

New Physical Address: _____ City/State: _____ Zip: _____

County: _____ Phone: _____ Email: _____

Are you requesting a Duplicate License or CLEET Card? Yes No

SIGNATURE: _____ DATE: _____

CLEET STAFF USE ONLY BELOW THIS LINE

CLEET# _____

Is the individual a Peace Officer or Reserve Officer? Yes No

Is the individual Private Security? Yes No

If both send COPY TO THE OTHER DEPARTMENT

Processed by _____ Date _____

STAMP WHEN RECEIVED