

**REQUEST FOR RN RENEWAL NOTICE**

NAME CHANGE     ADDRESS CHANGE     PHONE CHANGE     Email CHANGE     NO CHANGE

\_\_\_\_\_  
Missouri RN License Number

\_\_\_\_\_  
Social Security Number

→ \_\_\_\_\_

**Signature (This form must be signed)**

\_\_\_\_\_  
Date

Mail me a renewal notice in the mail

Fax my renewal to \_\_\_\_\_

\_\_\_\_\_  
Fax Number

**NAME AS CURRENTLY IN OUR SYSTEM**

\_\_\_\_\_  
Last Name (Printed)

\_\_\_\_\_  
First Name (Printed)

**NEW INFORMATION**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
E-mail Address

**PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)**

Physical address required, **PO boxes are not acceptable**

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)**

\_\_\_\_\_  
STREET OR PO BOX

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Sign this form and Fax to 573-751-7593 or scan it and email to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)