



## NOTIFICATION OF ADDRESS CHANGE

All sections of this form must be completed and **mailed** to the Board. Replacement licenses will be mailed approximately three weeks of initial request. *Replacement licenses are not issued to Aides.*

### PART I: Please Print or Type

NAME: \_\_\_\_\_

LICENSE TYPE: (Check one)  
 SP     AU     DAU     SPA     RPE  
 HA     HT     HTL     AIDE

LICENSE NUMBER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

**ADDRESS OF RECORD:** The Address of Record is used for all official correspondence and is public information. The Address of Record may be a PO Box. Hearing Aid Dispensers and Hearing Aid Dispenser Trainees, if a PO Box is provided, a retail business address is also required. The retail business address will be posted on the Board's website. For Speech-Language Pathologists and Audiologists, only the city and county of the Address of Record will be posted on the Board's website.

\_\_\_\_\_  
*Name of Business, If Applicable*

\_\_\_\_\_  
*Street Address or PO Box*

\_\_\_\_\_  
*City, State, Zip Code*

### PHYSICAL ADDRESS: Required for Dispensers of Hearing Aids

\_\_\_\_\_  
*Name of Business, If Applicable*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

### PART II: REQUEST FOR REPLACEMENT LICENSE (OPTIONAL)

SELECT THE LICENSE YOU ARE REQUESTING: **(\$25.00 fee per document)**

Original Wall License     Renewal Wall License     Pocket License     Engraved Certificate (HAD Only)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Title 16 California Code of Regulations Section 1399.157.2 requires each person holding or having a license, registration, or application on file with the Board to notify the Board, in writing, of a change of address within 30 calendar days.