



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: _____

SP AU DAU SPA RPE

LICENSE TYPE: *(Check one)*

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.