



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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ADDRESS CHANGE REQUEST

Pursuant to Title 16, California Code of Regulations, Section 4102, a change of address shall be reported to the Board within thirty (30) days after the change. Please fill out the following information and send to the Board by MAIL or FAX to the address or fax number listed above.

PLEASE PRINT: Name _____ OT/OTA # _____
(Please circle one)

OLD Residence Address _____

City, State _____ Zip Code _____

CHANGE Residence Address to _____
(Provided to the Public upon Request)

City, State _____ Zip Code _____

Contact Number (_____) _____

Email Address _____
(Optional)

If you do not want your residence address available to the public you may provide an alternate address below. **NOTE: If an Alternate Address is provided all mail sent by the Board will be sent to this Alternate Address.**

Old Alternate Address of Record _____

City, State _____ Zip Code _____

Change Alternate Address to: _____
(Optional)

City, State _____ Zip Code _____

SIGNATURE

DATE

**NOTE: YOUR OLD ADDRESS OF RECORD MUST BE PROVIDED
IN ORDER TO PROCESS YOUR REQUEST.**