

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR CALIFORNIA BOARD OF OCCUPATIONAL THERAPY 1610 Arden Way, Suite 121, Sacramento, CA 95815 P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov



ADDRESS CHANGE REQUEST

Pursuant to Title 16, California Code of Regulations, Section 4102, a change of residence 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 E-MAIL to the address or e-mail address 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 Numbe	r ()
E-mail Addres	SS
address below. (This may be a P.O. Box, work a for collecting mail). NOTE: If an Alternate Addre	available to the public, you may provide an alternate ddress, or an address of a friend/relative responsible ess of Record is provided, <u>all</u> mail sent by the Board
address below. (This may be a P.O. Box, work a for collecting mail). NOTE: If an Alternate Addre will be sent to this Alternate Address.	ddress, or an address of a friend/relative responsible
address below. (This may be a P.O. Box, work a for collecting mail). NOTE: If an Alternate Addre will be sent to this Alternate Address. Old Alternate Address of Record	ddress, or an address of a friend/relative responsible ess of Record is provided, <u>all</u> mail sent by the Board
address below. (This may be a P.O. Box, work a for collecting mail). NOTE: If an Alternate Addre will be sent to this Alternate Address. Old Alternate Address of Record City, State	ddress, or an address of a friend/relative responsible ess of Record is provided, <u>all</u> mail sent by the Board
address below. (This may be a P.O. Box, work action collecting mail). NOTE: If an Alternate Address will be sent to this Alternate Address. Old Alternate Address of Record City, State Change Alternate Address to: (Optional)	ddress, or an address of a friend/relative responsible ess of Record is provided, all mail sent by the Board Zip Code
address below. (This may be a P.O. Box, work action collecting mail). NOTE: If an Alternate Address will be sent to this Alternate Address. Old Alternate Address of Record City, State Change Alternate Address to: (Optional)	ddress, or an address of a friend/relative responsible ess of Record is provided, <u>all</u> mail sent by the Board Zip Code

NOTE: YOUR OLD ADDRESS MUST BE PROVIDED IN ORDER TO UPDATE YOUR ADDRESS.