



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)

Check here if you do not want your residence address provided to the public. If so, you must provide an alternate address below. You can also use this space to notify the Board of a change to your 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.**