



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, FAX, or E-MAIL to the address, fax number, 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 Number (_____) _____

E-mail Address _____

If you do not want your residence address to be available to the public, you may provide an alternate address below. (This may be a P.O. Box, work address, or an address of a friend/relative responsible for collecting mail). **NOTE:** If an **Alternate Address of Record** 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 MUST BE PROVIDED IN ORDER TO UPDATE YOUR ADDRESS.