



CHANGE OF ADDRESS FORM

1. Personal Information

PLEASE INDICATE IF YOU ARE A: <input type="checkbox"/> LICENSEE <input type="checkbox"/> CANDIDATE		NUMBER:
LAST NAME:		FIRST NAME:
MIDDLE NAME:		SUFFIX:
EMAIL (OPTIONAL):		
DAYTIME PHONE:	EVENING PHONE:	CELL PHONE (OPTIONAL):

2. New Address of Record

The address of record for a licensee is public information. The Board sends all correspondence to this address.

ADDRESS:

CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:
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COUNTRY:

3. Business Entity Information

All licensees are required to provide the Board with the name and address of the entity through which he or she provides architectural services. The form is located on the [Business Entity Report Form](#) webpage.

PRIOR TO SIGNING THIS FORM, PLEASE REVIEW ALL INFORMATION. I declare under penalty of perjury under the laws of the State of California that all of my representations on this Change of Address Form are true, correct, and contain no material omissions of fact to the best of my knowledge and belief.

Signature

Date