



**TELEPHONE MEDICAL ADVICE SERVICES BUREAU**

1625 North Market Boulevard, Suite N-112, Sacramento, CA 95834  
Office: (916) 574-7992 Fax: (916) 574-8638 | www.dca.ca.gov/tmas



**REQUEST FOR CHANGE OF NAME  
OR CHANGE OF ADDRESS**

**(Please mail this form to the Bureau)**

**OLD COMPANY NAME:** \_\_\_\_\_

Registration Number: \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

**NEW COMPANY NAME:** \_\_\_\_\_



**OLD ADDRESS – Address of Record / Mailing Address / Corporate Address (Circle One or More)**

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**NEW ADDRESS - Address of Record / Mailing Address / Corporate Address (Circle One or More)**

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**CERTIFICATION:**

*I certify under penalty of perjury under the laws of the State of California that all statements made on this form are true and correct.*

**The certification below must be completed by one of the individuals (owner, partner, president or secretary) that signed the application for initial registration.**

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Business and Professions Code Section 4999.1(f) states that the department shall be notified within 30 days of any change of name, location of business, corporate officer, or agent of service.*