



# Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815

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www.ptbc.ca.gov



## Request for Address Change

Failure to provide any requested data may prevent or significantly delay the processing of your request. Every applicant or licensee **MUST** have both an Address of Record and a Residence Address on file with the Board; these addresses may be the same. Submit completed forms by mail, fax or email.

SECTION A: Personal Information				
License Type: <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Applicant			License Number (if applicable)	
First Name		Middle Name		Last Name
Last Four Digits of SSN			Date of Birth	
Work Phone	Daytime Phone		Email Address	

SECTION B: Address of Record Update				
<i>The Address of Record is used for all official correspondence and is public information. The Address of Record may be a business address or P.O. Box.</i>				
<b>Previous Address of Record:</b>				
Street or PO Box	City	State	Zip	Country
<b>New / Correct Address of Record:</b>				
Street or PO Box	City	State	Zip	Country

SECTION C: Residence Address Update <input type="checkbox"/> Same as Address of Record.				
<i>Your Residence Address is the address where you live and <b>CANNOT</b> be a P.O. Box. The Residence Address is confidential.</i>				
<b>Previous Residence Address:</b>				
Street	City	State	Zip	Country
<b>New / Correct Residence Address:</b>				
Street	City	State	Zip	Country

SECTION D: Email Address Update
Previous Email Address
New / Correct Email Address

SECTION E: Declaration
I declare under penalty of perjury under the laws of the State of California that the information given above is true, correct and that I am the person who applied for licensure or was issued a license by the Physical Therapy Board of California.
Signature: _____ Date: _____