DEPARTMENT OF PESTICIDE REGULATION
STRUCTURAL PEST CONTROL BOARD
LICENSING UNIT
2005 EVERGREEN STREET, SUITE 1500
SACRAMENTO, CALIFORNIA 95815
(916) 561-8704
FAX - (916) 263-2469
www.pestboard.ca.gov

REQUEST FOR CHANGE OF ADDRESS

(To be filed by licensee)

☐ Field Representative ☐ Active (employed by registered company)

☐ Operator ☐ Inactive (not currently employed by registered company)

☐ Applicator

FOR BOARD USE ONLY	
Effective Date	Checked by
License No.	

In accordance with Section 1911 of the California Code of Regulations, when a field representative/operator/applicator changes his/her address, the licensee shall notify the Structural Pest Control Board within ten days. There is no fee for a change of address. If you are currently employed by a registered company, do not send your license to the Board. If you are not currently employed by a registered company, you must return your license to the Board.

DO NOT RETURN YOUR POCKET LICENSE TO THE BOARD.

PLEASE PRINT OR TYPE

Name of Licensee (First) (Middle) (Last)		**License Number(s)**
Residence Address		**Telephone Number** Area Code ( )
(City) (State) (Zip Code)		
Signature of Licensee		**Date**
Please indicate which address you wish to use for mailing purposes. ☐ Residence ☐ Business		
Current Employer (if applicable)	**Principal Registration Number**	**Employers Telephone Number** Area Code ( )
Principal Office Address		
(City) (State) (Zip Code)		