



**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

<b>FOR BOARD USE ONLY</b>	
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**

<b>Name of Licensee</b> (First) (Middle) (Last)			<b>License Number(s)</b>
<b>Residence Address</b>			<b>Telephone Number</b> Area Code ( )
(City)	(State)	(Zip Code)	
<b>Signature of Licensee</b>			<b>Date</b>
<b>Please indicate which address you wish to use for mailing purposes.</b>			
<input type="checkbox"/> Residence		<input type="checkbox"/> Business	
<b>Current Employer</b> (if applicable)	<b>Principal Registration Number</b>	<b>Employers Telephone Number</b> Area Code ( )	
<b>Principal Office Address</b>			
(City)	(State)	(Zip Code)	