



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



**REQUEST FOR ADDRESS CHANGE
 REQUEST FOR REPLACEMENT LICENSE OR REGISTRATION**

Check all licenses or registrations applicable to this CHANGE OF ADDRESS Request. Enter license or registration number and expiration date.

- | | | | |
|--|--------------------------|-------------|------------------------|
| Associate Clinical Social Worker | <input type="checkbox"/> | ASW # _____ | Expiration Date: _____ |
| Marriage and Family Therapist Intern | <input type="checkbox"/> | IMF # _____ | Expiration Date: _____ |
| Professional Clinical Counselor Intern | <input type="checkbox"/> | PCI # _____ | Expiration Date: _____ |
| Licensed Clinical Social Worker | <input type="checkbox"/> | LCS # _____ | Expiration Date: _____ |
| Licensed Marriage and Family Therapist | <input type="checkbox"/> | MFC # _____ | Expiration Date: _____ |
| Licensed Educational Psychologist | <input type="checkbox"/> | LEP # _____ | Expiration Date: _____ |
| Licensed Professional Clinical Counselor | <input type="checkbox"/> | LPC # _____ | Expiration Date: _____ |
| Continuing Education Provider | <input type="checkbox"/> | PCE # _____ | Expiration Date: _____ |

(Please type or print legibly in ink.)

Legal Name* (as it appears on your license or registration):			
Last	First	Middle	
NEW Address of Record**:			
Number and Street	City	State	Zip Code
Social Security Number (Not required for CE Providers):	Residence or Business Phone Number:	Email Address:	

Are you currently in the examination process? Yes No

Request for Replacement License/Registration

You may request a replacement license/registration, which will reflect your new address, by completing the section below and returning it with the required document and fee.

Check type of document being requested:

- Engraved license certificate (8 ½ x 11)
- Original or renewal license/registration (8 ½ x 3 5/8)

For Office Use Only

Cashiering No. _____

Date ordered: _____ by: _____

Submit a \$20 fee for each replacement document requested

Document to be replaced must be returned with this application or you must state the circumstances regarding the loss of the document here (please print clearly):

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing are true and correct.

 Signature of Licensee/Registrant

 Date

*Business and Professions Code Sections 4982(b), 4992.3(b), 4989.54(b), and 4999.90(b) give the Board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the Board.

** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.

FOR OFFICE USE ONLY Date changed: _____ By: _____ ATS: CAS: