



Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

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

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.

Previous Address of Record:

Street or PO Box	City	State	Zip	Country
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New / Correct Address of Record:

Street or PO Box	City	State	Zip	Country
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SECTION C: Residence Address Update Same as Address of Record.

*Your Residence Address is the address where you live and **CANNOT** be a P.O. Box. The Residence Address is confidential.*

Previous Residence Address:

Street	City	State	Zip	Country
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New / Correct Residence Address:

Street	City	State	Zip	Country
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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:** _____