



Operator Certification Unit

Mark B. Horton, MD, MSPH
Director

Arnold Schwarzenegger
Governor

Change of Address

Please fully complete the following information and **fax** or **mail** it to the information below.
Do not email this form, as we will only accept a change of address with a valid signature.

Mail to:
CDPH-OCP
MS 7417
P.O. Box 997377
Sacramento, CA 95899-7377

Fax to:
916.449.5654

Name: _____

Distribution #: _____ **Treatment #** _____

New Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Extension:** _____

Signature: _____ **Date:** _____