

Change of Address Form

Name _____ Lead ID Number _____

Telephone Number _____ Other Valid ID Number _____

Instructions

If your home address and mailing address are the same, please fill out the home address section only and check off the box in the middle of page.

If they are different please complete both home address and mailing address .

Copy of other valid ID, your signature and the date you sign are required. Thank you.

Home Address Section

Previous / Old Address _____

New Address _____

Please check off this box if your home address and mailing address are the same

Mailing Address Section

Previous / Old Mailing Address _____

New Mailing Address _____

REQUIRED

Please don't forget to attach a copy of your other valid identification. Thank you.

Applicant's Signature

Print Preparer's Name

Date

Preparer's Signature



Fax this form to (510) 620-5656 or mail to:
CLPPB - Accreditation and Certification Unit
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