

LICENSEE INFORMATION

1625 North Market Blvd., Suite N-219 Sacramento, CA 95834 P 916.515.5200 F 916.928.2204 www.acupuncture.ca.gov



## NOTIFICATION OF CHANGE OF ADDRESS OF RECORD

For changes to a licensee's mailing address filed with the Board.

Complete the form by providing all required information and mail to the Board at the address above. Please note address changes may also be completed online at the following link by either creating or updating your online account: <a href="https://connect.acupuncture.ca.gov/#/">https://connect.acupuncture.ca.gov/#/</a>

An **Address of Record** is the address that appears on your pocket license and on the Board's licensing search and website. All correspondence from the Board is mailed to this address, and it is made available to the public for purposes of mailing lists and/or license verification.

NAME:	Last First	Middle	LICENSE NO.:	0 1/
EMAIL:			PHONE NO.:	
OLD ADDRESS OF RECORD				
Number		Street Name	Apt/Suite No.	
City	State	Country	Zip Code	
NEW AD	DRESS OF RECORD			
Number	Street Nam	e Apt/Su	uite No.	
City	State	Country	Zip Code	
			T	
Signature	е		Date	
California	r Codo of Poquilations Tit	a 1/ coation 1200 40/ a	ach licensee shall file the	oir propor and

California Code of Regulations Title 16, section 1399.406, each licensee shall file their proper and current mailing address with the Board, and shall notify the Board within thirty (30) days of any and all changes of their mailing address by providing their old and new address.