



REQUEST FOR CHANGE OF ADDRESS FOR A PERSONAL LICENSE

SECTION A: LICENSEE/APPLICANT INFORMATION (Incomplete forms will not be processed)

License Type <small>Check box for each license type you hold, and enter your license number.</small>	Letter(s)	Number
<input type="checkbox"/> Cosmetologist		
<input type="checkbox"/> Barber		
<input type="checkbox"/> Electrologist		
<input type="checkbox"/> Manicurist		
<input type="checkbox"/> Esthetician		

I do not have a license, I am an applicant.

Establishment **This form CANNOT be used to change the address of an establishment license. A change in establishment location requires a new license application and fee.**

Last 4 digits of your Social Security Number <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div>	Date of Birth <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="font-size: 20px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="font-size: 20px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: 10px;"> Month Day Year </div>
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Last Name	First Name	Middle Name
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Previous Address	City	State	Zip Code
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New Address	City	State	Zip Code
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Phone Number ()	Email Address (not required)
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Have you changed your name? Yes No
 If yes, please submit a name change form with the required documentation.

SECTION B: APPLICANT/LICENSEE CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant	Date
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