



Change of Address Form

Personal Information

CAB ID / License Number	NCARB Record Number
Last Name	Suffix
First Name	Middle Name
Email	Daytime Phone

New Address of Record*

Address Line 1	
Address Line 2	
City	State/Province
Zip / Postal Code	Country

*The address of record for a licensee is public information. The Board sends correspondence to this address.

Business Entity Information

Licensees are required to provide the Board with the name and address of the entity through which he or she provides architectural services. The form is located on the [Business Entity Report Form](#) webpage.

PRIOR to signing this Request, please review all information. I declare under penalty of perjury under the laws of the State of California that my representations on this form are true, correct, and contain no material omissions of fact to the best of my knowledge and belief.

Signature	Date
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