



CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION
2420 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
MAIN (916) 574-7220 FAX (916) 575-7283
WWW.CAB.CA.GOV
CAB@DCA.CA.GOV

Edmund G. Brown Jr.
GOVERNOR

NAME CHANGE REQUEST

1. Personal Information

PLEASE INDICATE IF YOU ARE A: <input type="checkbox"/> LICENSEE <input type="checkbox"/> CANDIDATE	NUMBER:
LAST NAME:	SUFFIX:
FIRST NAME:	MIDDLE NAME:
EMAIL (OPTIONAL):	
HOME PHONE:	WORK PHONE:

2. Former Name

LAST NAME:	SUFFIX:
FIRST NAME:	MIDDLE:

3. Address of Record*

Is this a new address? YES NO

ADDRESS OF RECORD:

CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:
COUNTRY:		

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

A COPY OF SUPPORTING DOCUMENTATION MUST BE ATTACHED
(e.g., copy of driver's license, passport, marriage license, court papers, etc.)

PRIOR TO SIGNING THIS REQUEST, PLEASE REVIEW ALL INFORMATION. I declare under penalty of perjury under the laws of the State of California that all of my representations on this form are true, correct, and contain no material omissions of fact to the best of my knowledge and belief. I did not change my name for purpose of fraud, and I have attached documentation verifying that my name has been legally changed. I authorize the Board to update my candidate/license record.

Signature

Date