



PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
P (916) 561-8780 Fax (916) 263-2671 web: www.pac.ca.gov



ADDRESS CHANGE FORM

This completed form should be mailed or faxed to the Physician Assistant Board at the information above.

The address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence.

NOTE: To request a replacement pocket ID with your new address of record, you must complete and submit a Request for Duplicate form with the \$10.00 processing fee.

Print or type completed form.

Last Name		First	Middle Initial
Email (Confidential—for office use only)		Telephone Number	License Number PA
New Address of Record (include any applicable suite or apt number)			
NOTE: If a PO Box is listed, the law requires that you also provide a street address below under Confidential Address. This address will remain confidential and not be disclosed to the public.			
Confidential Address (if required) (include any applicable suite or apt number)			

I declare under penalty or perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Physician Assistant Board.

Signature: _____ Date: _____