STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
Phone 916-263-7800 Fax 916-263-7855 www.bvnpt.ca.gov

Address Change Request Form

Address Changes are required to be reported to the board within 30 days.
Please mail or fax this form to the board to change your address.

(Print or Type)

Vocational Nurse ☐ Applicant ☐ Licensed	Psychiatric Technician ☐ Applicant ☐ Licensed

Name (Last) (First) (Middle)			Social Security No.
Old Address (Street or Box Number)			Apt. No.
City		State	Zip Code
New Address (Street or Box Number)			Apt. No.
City		State	Zip Code
File or License Number (If Applicable)	Birthdate Month/Day/Year	Telephone Business ( ) Home ( )	
Signature (Required) Signature			Date (Required) Date

Additional Concerns or Comment: _____

_____

_____

_____

_____