



ADDRESS CHANGE APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This application is for:

- Address change request for a Veterinarian, Registered Veterinary Technician, Veterinary Premises, Intern/Resident Veterinarian or Temporary Veterinarian

Completing the Address Change Application does not require a replacement license to be issued.

Complete the Duplicate/Replacement License Application separately, if you would like a license with your updated address.

Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine eligibility. Information on the application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law.

You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain accessed to the information by contacting the Veterinary Medical Board.

Apply online or mail the completed application to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834.



ADDRESS CHANGE APPLICATION

1. APPLICATION

<input type="checkbox"/> VETERINARIAN ADDRESS CHANGE <input type="checkbox"/> REGISTERED VETERINARY TECHNICIAN ADDRESS CHANGE <input type="checkbox"/> INTERN/RESIDENT VETERINARIAN ADDRESS CHANGE <input type="checkbox"/> TEMPORARY VETERINARIAN ADDRESS CHANGE	Please mail completed application to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978
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2. APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		
CURRENT ADDRESS OF RECORD		CITY		STATE	COUNTRY	ZIP CODE
BUSINESS NAME <i>(Provide name if the address ABOVE is the place of Business)</i>				CA PREMISES NUMBER		
NEW ADDRESS OF RECORD		CITY		STATE	COUNTRY	ZIP CODE
BUSINESS NAME <i>(Provide name if the address ABOVE is the place of Business)</i>				CA PREMISES NUMBER		
EMAIL		LICENSE NUMBER		PHONE NUMBER		
<i>*If you do not file an Address Change Application within 30 days of changing your address, you are subject to a \$25 fine and YOU WILL BE REQUIRED TO COMPLETE THE DUPLICATE/REPLACEMENT LICENSE APPLICATION FORM.</i>						

3. CERTIFICATION

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or revocation of licensure in California.

Signature _____

Date _____