



## VETERINARY ASSISTANT CONTROLLED SUBSTANCES PERMIT ADDRESS CHANGE APPLICATION INSTRUCTIONS

Apply Online at [www.BreEze.ca.gov](http://www.BreEze.ca.gov)

### This application is for:

- Address change request for a Veterinary Assistant Controlled Substances Permit

Please be aware that if you do not file an Address Change Application within 30 days of changing your address you are subject to a \$25 fine.

Complete the Add/Change Supervisor(s) and/or Work Location(s) Application separately if you would like to update your supervisor(s). If you would like to update your Work Location only, you may use this application.

### Additional Information:

- Completing the Address Change Application does not require a replacement permit to be issued.
- Complete the Duplicate/Replacement Permit Request separately if you would like a permit with your updated address.
- You are required to notify the Board of an address change within 30 days of the change in address.
- If applicable, remind your new and old Managing Licensee to submit a Managing Licensee/Supervisor Association/Disassociation Request form.

### 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.

Pursuant to Business and Professions Code Section §4852, every person holding a license who changes his or her mailing address shall notify the Board of his or her new mailing address within 30 days of the change. The Board shall not renew the license of any person who fails to comply with this section unless the person pays the penalty fee prescribed in Section §4905(j).

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 access to the information by contacting the Veterinary Medical Board.

**Apply online or mail completed application, supporting documents and fee(s) to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834-2978.**



## VETERINARY ASSISTANT CONTROLLED SUBSTANCES PERMIT ADDRESS CHANGE APPLICATION

**1. APPLICATION** *(Select one or both that apply.)*

<input type="checkbox"/> VACSP MAILING ADDRESS CHANGE  <input type="checkbox"/> VACSP WORK LOCATION 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	FIRST	MIDDLE	BIRTHDATE
CURRENT MAILING ADDRESS OF RECORD	CITY	STATE	ZIP
NEW MAILING ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS:	VACSP NUMBER		PHONE NUMBER

***\*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.***

**3. WORK LOCATION INFORMATION\***

**CURRENT WORK LOCATION**

NAME OF SUPERVISING LICENSEE MANAGER	CA LICENSE NUMBER	TELEPHONE NUMBER
NAME OF VETERINARY PREMISE		PREMISE NUMBER
PHYSICAL ADDRESS		FAX NUMBER
CITY	STATE	ZIP
EMAIL ADDRESS:		

**NEW WORK LOCATION**

NAME OF SUPERVISING LICENSEE MANAGER	CA LICENSE NUMBER	TELEPHONE NUMBER
NAME OF VETERINARY PREMISE		PREMISE NUMBER
PHYSICAL ADDRESS		FAX NUMBER
CITY	STATE	ZIP
EMAIL ADDRESS:		

\*If employed at multiple locations, please provide additional employer information on a separate sheet.

**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 \_\_\_\_\_