

**NOTIFICATION OF ADDRESS AND EMAIL CHANGE**

Practice of Fitting or Selling Hearing Aids: Business and Professions Code section 2538.33 requires that each licensee notify the Board in writing of any changes in their place of business within 30 days of engaging in the practice of fitting or selling hearing aids.

Practice of Speech-Language Pathology and Audiology: Title 16 California Code of Regulations Section 1399.157.2 requires each person holding or having a license, registration, or application on file with the Board to notify the Board, in writing, of a change of address within 30 calendar days.

If you would like a license to reflect your new address, please complete Part II of this form and submit a \$25 fee per document. Make check or money order payable to SLPAHADB. If no replacement license is needed, you can email this form to speechandhearing@dca.ca.gov.

All licensees are permitted one renewal license, one wall license, and one pocket license. The documents being replaced must be returned with this form. Replacement licenses are not issued to Aides.

PART I: PLEASE PRINT OR TYPE

NAME: _____

☐ SP ☐ AU ☐ DAU ☐ SPA ☐ RPELICENSE TYPE: *(Check one)*☐ HA ☐ HT ☐ HTL ☐ AIDE

LICENSE NUMBER: _____

ADDRESS OF RECORD: The Address of Record is used for all official correspondence and is public information. The Address of Record may be a PO Box, except for the practice of fitting or selling hearing aids, which must be an address of a retail business that is routinely open pursuant to Business and Professions Code section 2538.34.

*Name of Business (if applicable)*_____
*Street Address or PO Box*_____
*City, State, Zip Code***HOME ADDRESS (for Board use only):**_____
*Street Address*_____
*City, State, Zip Code***EMAIL ADDRESS (for Board use only):****PART II: REQUEST FOR REPLACEMENT LICENSE (OPTIONAL)**SELECT THE LICENSE YOU ARE REQUESTING: **(\$25. fee per document)**☐ Original Wall License ☐ Renewal Wall License ☐ Pocket License

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: _____

DATE: _____