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## CHANGE OF ADDRESS FOR APPLICANTS AND REGISTRANTS

## PLEASE TYPE OR PRINT LEGIBLY

Name:		Today:/
	(Please Print)	(Month) (Day) (Year)
Registration or		
Application Number(s):		
<b>NOTE:</b> If you have more than one	registration/application, ple	ease list all numbers affected by the change.
Employer Name:		
Employer Address		
Employer Address:		
Employer Phone No.:	)	
	/	
Residence Address:		
Home Phone No.:	)	
<u> </u>		
Email Address:		
Correspondence and renewal remin	ndars will be sent via email	
соттегропиенсе ини тепеши тети	iaers wiii ve seni via emaii.	
Effective Date of Change:	/ /	
Effective Date of Change: ${M}$	onth) (Day) (Year)	
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IT IS IMPORTANT TO	KEEP YOUR ADDRES	S CURRENT WITH THE BOARD.
PLEASE FILL OUT A CHA	NGE OF ADDRESS AN	ND RETURN AS SOON AS POSSIBLE
		CICNATUDE
		SIGNATURE