

Education Provider Change of Address

LIC 446-42 (Rev 10/11)

Curriculum and Officer Review Bureau - Education Unit

300 Capitol Mall, Suite 1300
 Sacramento, CA 95814-4344
 (916) 492-3064
 www.insurance.ca.gov

This form cannot be submitted electronically. Please complete form and return by mail to the address above or fax to (916) 327-6907. Form must be completed and signed by the Provider Director. Do not indicate "same".

Provider number:

Social Security or Federal
 Employment Identification No.:

Print Providership Name:

Mailing: (Street address or P.O. Box)

Number/Street:		Apt./Suite
City	State	Zip

Business: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

If address is outside of California, attach completed Out-of-State Provider Jurisdiction Agreement, form LIC 446-40 and Stipulation To Maintain Records Outside of California, form LIC 446-32.

Residence, if sole proprietor (P.O. Box is not acceptable)


Number/Street:		Apt./Suite
City	State	Zip

Record Storage: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

If address is outside of California, attach completed Form LIC 446-32, Stipulation To Maintain Records Outside of California.

Signature of Provider Director:

	Title	Date:
Printed name of Provider Director		
Business Phone: ()	E-mail:	
Residence Phone: ()	Website:	
Fax: ()		