



Board of Behavioral Sciences
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ADDRESS CHANGE AND / OR REQUEST FOR REPLACEMENT LICENSE OR REGISTRATION

Use this form to notify the Board of an address change OR to request a replacement document (or both). You can also do this [online](#). Mark all applicable licenses or registrations and enter your license or registration number(s). If you are an applicant only, enter your BBS file number (if known), or enter your social security number.* Print or type legibly in ink, and be sure to sign below.

ASW # _____ LCSW # _____ LPCC # _____
 AMFT # _____ LMFT # _____ Applicant: File Number or
 APCC # _____ LEP # _____ SSN*: _____

Legal Name**:		Last	First	Middle
Address of Record***: Number and Street				
City	State	Zip Code	Is this a NEW address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number:		Email Address:		

*Provide your United States Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable.

As it appears on your license or registration. If you have a **name change, use your NEW name on this form and attach a [Name Change](#) form if not yet submitted.

*** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, use an alternate mailing address.

REQUEST FOR REPLACEMENT LICENSE OR REGISTRATION

If you would like to request a replacement license or registration, enclose a \$20 fee for each replacement document requested, and indicate the type of document requested below:

Full size license certificate (8½ x 11") Registrant - current (green) certificate
 Licensee – current (green) renewal certificate

NOTE: The Board may refuse to issue a registration or license, or may suspend or revoke the license or registration if the applicant secures the license or registration by fraud, deceit, or misrepresentation.

Signature of Licensee or Registrant

Date