



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
3443 N. Central Avenue, Suite 1700  
PHOENIX, AZ 85012  
PHONE: 602.542.1882 FAX: 602.364.0890  
BBHE Website: [www.azbbhe.us](http://www.azbbhe.us)  
AZ Website: [www.az.gov](http://www.az.gov)  
E-Mail Address: [information@azbbhe.us](mailto:information@azbbhe.us)

JANICE K. BREWER  
Governor

DEBRA RINAUDO  
Executive Director

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**CHANGE OF NAME/ADDRESS REQUEST:** You must notify the Board within 30 days of any change in residence or employer mailing address or phone number. A.A.C. R4-6-205, 206.

**NOTE:** Please complete all parts even if “not new” information. If you provide only a home address and phone number, then the home address and phone number become the public record required by law. Otherwise, the business address and phone number is the public record.

**(please print)**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ License Number(s) \_\_\_\_\_

Do you have a pending application? \_\_\_\_\_

**Home Address Change**

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email Address \_\_\_\_\_

**Work Address Change**

Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Name Change**

Previous Name \_\_\_\_\_

New Name \_\_\_\_\_

**Name change request must include supporting legal documents such as a copy of your marriage certificate or court order granting the name change.**

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**Signature**

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**Date**