



STATE OF ARIZONA
 BOARD OF BEHAVIORAL HEALTH EXAMINERS
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 AZ Website: www.az.gov
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JANICE K. BREWER
 Governor

DEBRA RINAUDO
 Executive Director

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 **Check if New** **No Change**

Street Address _____

City/State/Zip _____

Home Phone # _____ Mobile # _____

Email Address _____

Work Address Change **Check if New** **No Change** **Not Currently Employed**

Agency _____

Street Address _____

City/State/Zip _____

Work Phone # _____ Fax # _____

Name Change **Check if New** **No 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.

Signature

Date