



State Board of Technical Professions

900 SW Jackson, Ste 507 Topeka, KS 66612-1257

Phone: 785-296-3053 Fax: 785-296-0167 E-mail: ksbtadmin@ks.gov

CHANGE OF ADDRESS FORM

Update your contact information below, then sign and date at the bottom of the page.

You may leave fields blank if they do not require updating.

Mail, fax, or e-mail completed form to ksbtadmin@ks.gov.

You may also update your contact information online from our website's "[Quick Links](#)" section.

Name: _____ License Number: ____ - _____

Effective Date of Change: _____ (mm/dd/yyyy)

PREFERRED MAILING ADDRESS: HOME BUSINESS

(Please select a preferred mailing address for Board correspondence)

PLEASE CHANGE THE CURRENT HOME ADDRESS TO:

_____ Street

_____ City _____ State _____ Zip Code

Telephone Number: _____ - _____ - _____

E-mail Address: _____

PLEASE CHANGE THE CURRENT PRACTICE ADDRESS TO:

_____ Business Name

_____ Street

_____ City _____ State _____ Zip Code

Telephone Number: _____ - _____ - _____

E-mail Address: _____

The licensee shall notify the board in writing of any change of address within 30 days after the date of such change. (K.S.A 74-7025)

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form is true and correct and that I am licensed to practice in the State of Kansas.

Signature Date (mm/dd/yyyy)

OR By typing my name above, I am electronically signing this document