



CHANGE OF ADDRESS FORM

Please enter required information, sign and date at the bottom of the page. Once the form has been processed, you will receive a duplicate wallet card by email. To submit the form please choose from one of the following:

E-mail to KSBHA_LicRenewalReinstate@ks.gov OR fax form to **785-296-0852**.

Name (First, MI, Last): _____

License Number (Required): _____ - _____ Effective Date: ____/____/____

PLEASE UPDATE THE FOLLOWING:

HOME ADDRESS:

Please make this my mailing address

_____-_____-_____ **HOME**

_____-_____-_____ **CELL**

_____-_____-_____ **OTHER**

Personal EMAIL

Please send duplicate wallet card to this email

PRACTICE ADDRESS:

Please make this my mailing address

This is an additional practice location

_____-_____-_____ **WORK**

_____-_____-_____ **FAX**

_____-_____-_____ **OTHER**

Work EMAIL

Please send duplicate wallet card to this email

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/registered to practice in the State of Kansas.

Signature

_____/_____/_____
Date