



CHANGE OF ADDRESS FORM

Update your contact information in the [Online Portal](#) or by completing this form. If you choose to utilize this form, after the change is processed a new wallet card will be sent via email.

Email the completed form to KSBHA_Licensing@ks.gov or mail directly to the Board. It is highly recommended that you make and keep copies of all the items you submit.

Name: _____ License Number: _____

Addresses may not be a P.O. Box, except qualified participants under the Safe at Home Act, K.S.A. 75-451 *et seq.* Your home address will not be available to the public. The business address is public and will be posted on the Board's website.

PREFERRED ADDRESS: Home Address Business Address
(Mailed and emailed correspondence will be sent to the selected address)

NEW HOME ADDRESS:

Street

City State Zip

Phone: _____

Email: _____

NEW BUSINESS ADDRESS:

Street

City State Zip

Phone: _____

Email: _____

This is an additional business address

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