



## CHANGE OF ADDRESS FORM

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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](mailto: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.

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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 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: \_\_\_\_\_

**Check here if 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