

**COURT REPORTERS BOARD OF CALIFORNIA**

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**ADDRESS CHANGE FORM**

PLEASE PRINT

Name of Licensee (Last, First, Middle)		CSR No.
New Address of Record (An Address of Record is Required and is Provided to the Public)		
City	State	Zip Code
Telephone Number ( )	Alternate Number ( )	
<i>(Phone numbers are confidential and for Board use only)</i>		
Old Address of Record		
City	State	Zip Code
Alternate Address (optional) – <b>Would you like this address to be your mailing address?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
City	State	Zip Code
<i>(Alternate address is confidential and for Board use only)</i>		
Email Address (optional)		
Signature		Date
<p>Section 8024.6 Requirement to notify Board of any change with respect to Licensee</p> <p><b>(b) Each certificate holder shall notify the board in writing at its office in Sacramento of a change of address within 30 days after each change, giving both the old and the new addresses.</b></p> <p>(c) A penalty as provided in this chapter shall be paid by each certificate holder who fails to notify the board within 30 days as specified in this section. Any certificate holder to whom this penalty applies who fails to pay that penalty shall not have their certificate renewed without payment of that penalty, and the board may take disciplinary action.</p>		