



DEPARTMENT OF CONSUMER AFFAIRS • BOARD OF BARBERING AND COSMETOLOGY
 P.O. Box 944226, Sacramento, CA 94244-2260
 Phone: (800) 952-5210 Email: barbercosmo@dca.ca.gov
 Website: www.barbercosmo.ca.gov



REQUEST FOR CHANGE OF ADDRESS FOR A PERSONAL LICENSE

Please allow up to 4 weeks for address changes sent my mail to be received and processed by the Board.

Address changes done online at <http://www.breeze.ca.gov> are effective immediately.

For Breeze Online Instructions visit our Frequently Asked Questions section under Quick Hits on our web page.

SECTION A: LICENSEE/APPLICANT INFORMATION (incomplete forms will not be processed)

License Type Check box for each license type you hold and enter your license number (s).	Letter(s)	Number
<input type="checkbox"/> Cosmetologist		
<input type="checkbox"/> Barber		
<input type="checkbox"/> Electrologist		
<input type="checkbox"/> Manicurist		
<input type="checkbox"/> Esthetician		

I do not have a license, I am an applicant.

Establishment This form CANNOT be used to change the address of an establishment license. A change in establishment location requires a new license application and fee.

Last 4 digits of your Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number ()	Email Address
<input type="text"/>	<input type="text"/>

Have you changed your name? Yes No
 If yes, please submit a name change form with the required documentation.

SECTION B: APPLICANT/LICENSEE CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant	Date
<input type="text"/>	<input type="text"/>