



## OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

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### FICTITIOUS NAME PERMIT ADDRESS CHANGE FORM

California Code of Regulations, Title 16, Article 1, Section 1604. Filing of Addresses by licensees: requires all licensees to immediately report all changes of address. Please complete this form to report you address change. IF A PUBLIC ADDRESS IS NOT PROVIDED, YOUR CONFIDENTIAL MAILING ADDRESS WILL BE POSTED ON OUR WEBSITE

**Fictitious Business Name:**

**Fictitious Name Permit Number:**

**Prior Public Business Address**

Street Address

City, State Zip Code

Phone Number

**New Public Business Address**

Street Address

City, State Zip Code

Phone Number

**Prior Confidential Mailing Address**

Street Address

City, State Zip Code

Phone Number:

Fax Number:

Email:

**New Confidential Mailing Address**

Street Address

City, State Zip Code

Phone Number:

Fax Number:

Email:

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I AM A LICENSED PHYSICIAN AND SURGEON AND HOLDER OF THIS PERMIT AND THE INFORMATION CONTAINED IS TRUE AND CORRECT**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**License Number**

\_\_\_\_\_  
**Date**