



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