

**NH Office of Professional Licensure
& Certification – Technical Division
CHANGE OF ADDRESS FORM**

Name _____

Last

First

Middle

Names Previously Used (if applicable) _____

Profession _____ License Number# _____

Residence Address _____

zip code

Business Name _____

Business Address _____

Indicate mailing address by check box

zip code

Business Phone _____ Home Phone _____

Email: _____ Signature: _____

Please mail form to: NH Office of Professional Licensure & Certification – Technical Division,
121 South Fruit Street, Suite 201 Concord, NH 03301
Or email to linda.balich@oplcnh.gov or fax to 603-271-7928