

## CONTACT INFORMATION CHANGE FORM

OAR 806-010-0095 requires you to notify the Board immediately of changes to any of your contact information. You may use this form to notify the Board of any changes.

<b>INDIVIDUALS:</b>
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Name: \_\_\_\_\_ License #: \_\_\_\_\_

Does this change your \_\_\_home or \_\_\_business address?

Old Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: _____	Home Phone: _____
Work Fax: _____	Home Fax: _____
Work Email: _____	Home Email: _____

I wish to change the address the Board corresponds with me to my:  
\_\_\_home or \_\_\_business

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FIRMS:</b>
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Firms must provide the Board with the name of a firm representative through which the Board may contact the firm. If the changes on this form listed above changes contact information for the entire firm (not an individual), please check this box  and provide the following:

Name of Firm Representative: \_\_\_\_\_

Firm Representative's Email address: \_\_\_\_\_

Signature of Firm Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form to: OBAE  
205 Liberty Street NE, Suite A, Salem, OR 97301  
Or fax it to: (503) 364-0510