

## **CHANGE OF ADDRESS FORM**

445 Herron Street / Montgomery, Alabama 36130-3605 / Telephone (334) 242-2230 / Facsimile (334) 263-1397

**NOTE:** All licensees are required by law to notify the Board of any address change within **60 days** of the change. Failure to notify the Board could result in disciplinary action or even revocation of license should you not receive legal notification of any agency action.

## MAIL COMPLETED AND SIGNED FORM TO:

Home Builders Licensure Bo	ard, 445 Herron Street, Montg	gomery, AL 36130-3605	5	
Date:				
File No.:		License No.:		
Individual or Company Name				
	(As shown on cu	(As shown on current Home Builders license)		
OLD ADDRESS				
Street Address				
City	County	State	Zip Code	
Business Telephone ()		Fax ()		
E-mail				
	County			
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• I AM CHANGING:  □ Business Address Only  □ Mailing Address Only  □ BOTH Business and M				
Printed Na	ame of Individual/Designated Qualifyi	ng Representative		

Signature of Individual/Designated Qualifying Representative