



REGISTERED ENVIRONMENTAL HEALTH SPECIALIST



CHANGE OF ADDRESS

Personal Information

Name: Last:	First:	Middle:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		REHS #
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate (Month/Day/Year):
EH Director: Yes: <input type="checkbox"/> If yes, where:		
Master's <input type="checkbox"/> or Doctoral Degree <input type="checkbox"/> If yes, from where:		

Mailing Instructions

All address changes must be submitted in writing with ***your signature*** to:

1. California Department of Public Health
EHS Registration Program
MS 7404, IMS K-2
P.O. Box 997377
Sacramento, California 95899-7377
2. Or to REHSprog@cdph.ca.gov
3. If you are unable to scan and/or email, you can FAX the form to (916) 449-5665.

Be sure to include not only your new address, cell and home phone numbers, but also your new job title, place of employment, and work phone number. Do not neglect this important task. Your registration may be jeopardized if the Registration Program is not able to contact you with important notices.

CERTIFICATION

I CERTIFY, UNDER PENALTY OF PERJURY BY THE STATE OF CALIFORNIA, THAT THE INFORMATION ON THIS APPLICATION, AS WELL AS ANY DOCUMENTS SUBMITTED IN SUPPORT OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Print Name:	Title:
Signature:	Date: