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Governor

REGISTERED ENVIRONMENTAL HEALTH SPECIALIST
Change Of Address And Contact Information

Personal Information

Name (Full): First	Middle:	Last:
Permanent Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email (Primary):		
REHS #:	Date of Birth (Month/Day/Year):	<input type="checkbox"/> Male <input type="checkbox"/> Female

Mailing Instructions:

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

- California Department of Public Health
EHS Registration Program
1725 23rd Street, Suite 110
Sacramento, California 95816
- Or to REHSprog@cdph.ca.gov
- If you are unable to scan and/or email, you can FAX the form to (916) 449-5665.

Be sure ALL INFORMATION is current and it is your primary form of contact. Do not neglect this important task. Your registration may be jeopardized if the Environmental Health Specialist 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.

SIGNATURE: _____

DATE: _____

