



Douglas A. Ducey,  
Governor

# Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

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## CHANGE OF ADDRESS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Please select which best applies:

Applicant

Licensed Podiatrist License # \_\_\_\_\_

### **BUSINESS ADDRESS UPDATE:**

**Authority:** Pursuant to A.R.S. § 32-829(D), “each licensee shall promptly and in writing inform the board of the licensee’s current office address and of each change in office address within thirty days.”

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

(Include suite number, if applicable)

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **RESIDENTIAL ADDRESS UPDATE:**

Street Address: \_\_\_\_\_

(Include suite number, if applicable)

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**EFFECTIVE DATE OF CHANGE(S):** \_\_\_\_\_

### **ADDRESS OF RECORD:**

Which one of the above addresses would you like to be your “Address of Record” (address that will be shared with the public, upon request and where all Board correspondence will be mailed)? Residential OR Business

*Under penalty of perjury, I declare the aforementioned to be true and accurate and that I have the legal authority to make the change.*

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

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.