



# Bureau of Professional Licensure

## Application for an Address Change

This does not apply to an address change for an establishment license (salon, barbershop, etc.). A change in location of an establishment requires an application for a new establishment license.

**Instructions:** Complete, sign and return this form to the Bureau of Professional Licensure using the contact information at the bottom of this page. For immediate changes to your contact information, update your profile by accessing the online services page located at <https://ibpllicense.iowa.gov>

### Section I – License and Identity Information

Profession: \_\_\_\_\_

License Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Last 4 Digits of SSN: XXX-XX-\_\_\_\_

### Section II – New Address Information

Name: \_\_\_\_\_  
Last First Middle

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

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

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

***\*The Board primarily utilizes email for communication with the licensee. It is your responsibility and in your best interest to keep your email updated.***

### Section III – Licensee Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my identity in this request for a name change in my licensure record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date