

CHANGE OF ADDRESS

This form can be used for all occupational licence and registration jurisdictions.

Applicant's details

Client ID number

Licence/registration number

Full Name

New Residential Address / Registered Company Address

Unchanged

Postcode

New Postal Address

As Above Unchanged

Postcode

Contact Details

Phone numbers

Mobile

Alternative

Email

Electronic Contact Consent (If you do not complete this section, information will be sent to your postal address)

- I agree to receive** licensing information including all licence renewals, reminders and penalties by email
- I also agree to receive** reminders by SMS (only available when choosing to receive information by email)

Statutory declaration

I hereby give permission to Consumer and Business Services to:

- change my addresses as detailed above
- change my phone and email contact details
- update my details to reflect my electronic contact consent options.

Signature

Date

Where to lodge this Form

Post

Licensing and Registration GPO
Box 1719
ADELAIDE SA 5001

Electronically

Scan and email all documents to:
occupational@sa.gov.au

More information

www.cbs.sa.gov.au
Ph: 131 882