



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 State Board of Professional Engineers and Land Surveyors
 Home Inspection Advisory Committee
 124 Halsey Street, 3rd Floor, P.O. Box 45043
 Newark, New Jersey 07101
 (973) 504-6233

Change of Address Form for a Professional License

Please print the new address(es) below.

Last Name	First Name	Middle Name or Initial
License Number: _____ Profession: _____ <small>(Alpha letters plus the six-digit license number)</small>		

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. **One of your addresses must include a street, city, state and ZIP code.**

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

<input type="checkbox"/>	Home:	Street or P.O. Box	City	State	ZIP code	County
		Telephone number (include area code)	E-mail address			
<input type="checkbox"/>	Business:	Name of company		Telephone number (include area code)		
		Street	City	State	ZIP code	County
<input type="checkbox"/>	Mailing:	Street or P.O. Box	City	State	ZIP code	County

Please mail this form to: Home Inspection Advisory Committee, Division of Consumer Affairs, P.O. Box 45043, Newark, NJ 07101, or fax it to 973-273-8020.

Certification: Under penalties of perjury, I declare that the change-of-address information indicated above is true, complete and correct.

Sign Here: _____ Date: ____ / ____ / ____