## KENTUCKY BOARD OF ARCHITECTS

## and Certified Interior Designers



## CHANGE OF ADDRESS FORM

## **INSTRUCTIONS:**

- 1. Complete the entire form and sign at the bottom of the page.
- 2. Mail the original document to Kentucky Board of Architects, 155 E. Main St., Suite 300, Lexington, KY 4050 or Email the form to BOA.IRC@ky.gov

Architect	or CID's Name	Last	Fir	rst		Middle	Suffix
License No	).:	Certif	icate No.:	CID	Last 4 [	Digits of Your S.S. No.: _	
THIS IS A C	HANGE OF AD	DRESS FOR:	BUSINES	s □I	НОМЕ	□вотн	
<u>PREFERRE</u>	D CONTACT LC	CATION:	Business	Reside	ntial		
BUSINESS: This is my <b>NEW</b> business address and contact information, if applicable							
	Firm Name:						
	Address:  City/State/Zip:						
						Cellular:	
Website:			Email:				
RESIDENCE: This is my <b>NEW</b> home address and contact information, if applicable							
Address:							
City/State/Zip:							
EFFECTIVE DATE:			SIGNED BY:				
					1:	conson or Cartificata Holder Only	

NOTE: In accordance with applicable Kentucky Statutes and Administrative Regulations it is the licensee's and/or certificate holder's responsibility to notify the Board office of any change of home and /or business addresses, telephone numbers, email addresses or employment within thirty (30) of the change. Failure to do so may result in an administrative fee to the individual.

RETURN THE COMPLETED CHANGE OF ADDRESS FORM TO

KENTUCKY BOARD OF ARCHITECTS, 155 EAST MAIN STREET, SUITE 300, LEXINGTON, KY 40507 or BOA.IRC@ky.gov