

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 40507

Architect or CID's Name: _____
Last First Middle Suffix

License No.: _____ Certificate No.: _____ CID Last 4 Digits of Your S.S. No.: _____

THIS IS A CHANGE OF ADDRESS FOR: BUSINESS HOME BOTH

PREFERRED CONTACT LOCATION: Business Residential

BUSINESS: This is my **NEW** business address and contact information, if applicable

Firm Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Cellular: _____

Website: _____ Email: _____

RESIDENCE: This is my **NEW** home address and contact information, if applicable

Address: _____

City/State/Zip: _____

Phone: _____ Cellular: _____ Email: _____

EFFECTIVE DATE: _____ SIGNED BY: _____

Licensee or Certificate 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**