



North Carolina Board of Licensed Professional Counselors

Change of Address Form

Mail **or** fax address changes. It is **not** necessary to do both.

Mail this form to: NCBLPC
PO Box 1369
Garner NC 27529-1369

Fax this form to: 919-779-5642

Please print your first, middle and last name, along with your license number (if applicable), to help in finding your records in our database.

First Name	Middle Name	Last Name
_____	_____	_____

NCBLPC License # _____ **OR** SS # _____ - _____ - _____

Old Address _____

HOME ADDRESS

Street 1) _____

Street 2) _____

City _____ State _____ ZIP _____

Phone (_____) _____ Fax (_____) _____

Email _____

WORK ADDRESS

Street 1) _____

Street 2) _____

City _____ State _____ ZIP _____

Phone (_____) _____ Fax (_____) _____

Email _____

This form must be signed by the licensee/applicant in order to be processed.

Signature

Date

There is no charge for changing your address with the Board. The Board requires all licensees and applicants maintain a current address on file with the Board office. Changes of address should be submitted within 45 days of move.