



STATE OF IOWA

CHESTER J. CULVER
GOVERNOR
PATTY JUDGE
LT. GOVERNOR

IOWA DEPARTMENT OF COMMERCE
PROFESSIONAL LICENSING & REGULATION

CHANGE OF ADDRESS FORM

This request is for a change in: [] Name [] Address [] Both

Name as Registered:

Change Name To:

License or Registration Number:

E-Mail Address:

Business Name, Address and Phone Number:

Phone:

Home Address and Phone Number:

Phone:

Which address do you prefer to use for your mailing address? [] Home [] Business
(Not applicable for Real Estate licensees)

Please Indicate Your Profession:

- [] Architect
[] CPA / LPA
[] Engineer / Land Surveyor
[] Interior Design
[] Landscape Architect
[] Real Estate Appraiser
[] Real Estate Salesperson or Broker

Once completed, please return to:

Professional Licensing Division
1920 SE Hulsizer Road
Ankeny, IA 50021-3941

Or, fax completed form to 515-281-7411