



# Texas Board of Chiropractic Examiners

333 Guadalupe St, Suite 3-825, Austin, TX 78701



## CHANGE OF ADDRESS FORM

Updating your information is as easy as 1, 2, 3!

1. Fill in your CURRENT info on this PDF fillable form
2. SAVE to your computer
3. Email as attachment to [licensing@tbce.texas.gov](mailto:licensing@tbce.texas.gov)

Check all boxes that apply:

Mailing Address

Home Address

Facility Address

License Number: \_\_\_\_\_

Facility Number(s): F00\_\_\_\_\_

*Attach additional sheet(s) for multiple facilities*

<b>Chiropractor/Facility Name:</b>		
Previous Address:		
City	State	Zipcode
<b>Current Address</b>		
City:	State	Zipcode
Mailing Address <i>(if different)</i> :		
City:	State	Zipcode
Office Hours:		
<b>E-mail Address</b> <i>(required effective 09-01-16. <a href="#">Rules</a>)</i>		
Daytime Telephone #:		Other telephone #:
Preferred Method of Contact:		

Today's Date: \_\_\_\_\_ Effective Date for update: \_\_\_\_\_