



State of California – Department of Fish and Wildlife
CHANGE OF ADDRESS FORM

IMPORTANT: Fish and Game Code Section 7857 (m) requires licensees to notify the Department of their old and new address within three months when they move or acquire a new address.

GO ID NUMBER

FIRST NAME		M.I.	LAST NAME				COMMERCIAL FISHING ID# L
DMV ID/STATE ID/PASSPORT	DATE OF BIRTH MM/DD/YYYY	GENDER	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	DAY TELEPHONE (Voluntary)

EMAIL ADDRESS

PREVIOUS ADDRESS	MAILING ADDRESS					
	CITY			STATE		ZIP
	PHYSICAL ADDRESS (DO NOT USE PO BOX)					
	CITY			STATE		ZIP

CURRENT ADDRESS	MAILING ADDRESS					
	CITY			STATE		ZIP
	PHYSICAL ADDRESS (DO NOT USE PO BOX)					
	CITY			STATE		ZIP

SIGNATURE X						DATE
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SUBMIT BY MAIL TO:

CALIFORNIA DEPT FISH AND WILDLIFE
 LICENSE AND REVENUE BRANCH
 1740 N. MARKET BLVD
 SACRAMENTO, CA 95834

OR

EMAIL: LRBCOMM@WILDLIFE.CA.GOV