



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.

COMMERCIAL FISHING ID# <b>L</b>	GO ID NUMBER
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FIRST NAME	M.I.	LAST NAME
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DMV ID/STATE ID	DATE OF BIRTH MM/DD/YYYY	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
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DAY TELEPHONE	EMAIL ADDRESS
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<b>PREVIOUS ADDRESS</b>	MAILING ADDRESS		
	CITY	STATE	ZIP
	PHYSICAL ADDRESS (DO NOT USE PO BOX)		
	CITY	STATE	ZIP

<b>CURRENT ADDRESS</b>	MAILING ADDRESS		
	CITY	STATE	ZIP
	PHYSICAL ADDRESS (DO NOT USE PO BOX)		
	CITY	STATE	ZIP

SIGNATURE <b>X</b>	DATE
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SUBMIT BY MAIL TO:

California Department Fish and Wildlife (CDFW)  
 License and Revenue Branch  
 1740 N. Market Blvd  
 Sacramento, CA 95834

OR

EMAIL: LRBCOMM@WILDLIFE.CA.GOV