

Department of Industrial Relations
Division of Occupational Safety and Health

ELEVATOR UNIT

Certification Section

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Sacramento, CA 95825
Phone: (916) 274-5709
Fax: (916) 263-1957
Email: ElevatorCert@dir.ca.gov



ADDRESS OR CONTACT INFORMATION CHANGE FORM
(Complete what is applicable to your required changes)

CCCM: _____
ID Number

TCCCM: _____
ID Number

CQCC: _____
CQCC Number

CCCI: _____
ID Number

Name of Person (CCCM, TCCM, CCCI) requesting change: _____

Company (CQCC) name: _____

Previous Address: _____

New Address: _____

Previous Company: _____

Current Company: _____

Any other information changes: _____

I, _____, hereby authorize the changes as listed above to be made and attest that I am the person named above requesting the change or that I am the owner/business officer of the CQCC requesting a change.

CCCM/CCCI/TCCCM or CQCC Authorized individual **signature**

Date

Please submit this form by mail or Email to the address listed above.

Unauthorized changes or fraudulent submittals will result in legal action.