STATE OF CALIFORNIA

ADDRESS OR CONTACT INFORMATION CHANGE

DIR DOSH 004 REV. 7/2025

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

CLEAR PRINT

Complete what is applicable to your required changes

ONLY FOR ELEVATOR CERTIFICATION UNIT RELATED ADDRESS CHANGES
NO OTHER DEPARTMENTS (Elevator Mechanics, Elevator Companies, Elevator Inspectors)

☐ **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:

DIR requires the contact information requested above in order to process the change of address or contact information. To learn how DIR uses the information, including personal information, it collects and maintains, please review our privacy policy. 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. Unauthorized changes or fraudulent submittals will result in legal action.

CCCM/CCCI/TCCCM or CQCC Authorized individual signature Date

Please submit this form to:ElevatorCert@dir.ca.gov or Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT Certification Section
1750 Howe Ave., Ste. 420 Sacramento, CA 95825