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INFORMATION CHANGE REQUEST FORM

Only complete the sections that need to be changed and send to CTA

Current Name on certificate/license: _____ Date: _____

NAME CHANGE (will need to submit legal proof of name change)
New Name to be listed on certificate/license:

CHANGE IN CONTACT INFORMATION	
Current Address:	
City/ State/Zip:	
New Address:	
City/State/Zip:	Requested Move Date: (minimum 15 day notice)
New home phone:	New Email Address:
New cell phone:	New Fax Number:

VOLUNTARY CLOSURE (CTA should be notified 90 days before closure date)
DATE OF VOLUNTARY CLOSURE:
Which type of provider are you, please check the appropriate box below: CCFFH CMA