STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF PEACE OFFICER SELECTION

CHANGE OF INFORMATION

OPOS 30A (2/04)

If you have a change of address, phone number, or name, at any time during the selection process, please complete this Change of Information (COI) Form (OPOS 30A). Be sure to indicate the examination in which you are currently participating. Take the completed form to your assigned Selection Center or mail to the address on the reverse.

It is to your advantage that you keep us informed of any change of information immediately. If we are unable to contact you as the result of an address or telephone change, your progress could be delayed or you could be removed from the selection process. You may obtain additional copies of this form at any of the Selection Centers.

SOCIAL SECURITY NUMBER **IDENTIFICATION NUMBER** **DATE OF CHANGE**

Last Name First Name Middle Initial

☐ CORRECTIONAL OFFICER ☐ CORRECTIONAL COUNSELOR I ☐ PAROLE AGENT I

☐ YOUTH CORRECTIONAL OFFICER ☐ YOUTH CORRECTIONAL COUNSELOR I ☐ CASEWORK SPECIALIST

ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED IN ORDER TO PROCESS YOUR CHANGE(S).

NEW MAILING ADDRESS

Address

City State CA Zip Code

Country US Email

NEW TELEPHONE NUMBER(S)

Phone Number

Phone Number

NEW DRIVER'S LICENSE/SOCIAL SECURITY NUMBER

New Driver's Lic.

New SSN

MOST CURRENT NAME CHANGE
(If different from name used to apply for this examination)

New Last Name

New First Name

New Initial

Signature (required)

FOR OFFICE USE ONLY

☐ NTC Written

☐ CTC Vision/PAT

☐ STC POPE

Prescreen

Background

PEM

DATE RECEIVED

☐ COMPLETED INITIALS

FOLD HERE

POSTAGE NECESSARY IF MAILED

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
ATTN: SELECTION SUPPORT SECTION
2201 BROADWAY
SACRAMENTO, CA 95818-2572

FOLD HERE