

# Respiratory Care Practitioner Online Address Change Step-by-Step Instructions

To update your address online, go to [www.breeze.ca.gov](http://www.breeze.ca.gov), or follow the BreEZe links from the Respiratory Care Board (RCB) website [www.rcb.ca.gov](http://www.rcb.ca.gov).

If you have **never** registered for a BreEZe account, click on 'BreEZe Registration' on the bottom right of the screen.

If you have an existing BreEZe account, enter your User ID and Password and skip to page 11 of this document to continue.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation Contact Us

### DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

#### FOR CONSUMERS

Check Licenses and file complaints.

Verify a LICENSE File a COMPLAINT

#### FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here.  
You will need to [register](#), or use your existing user name and password

##### Returning User

Fields marked with \* are required

\* User ID:

\* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

##### New Users

[BreEZe Registration](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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Complete the required fields for the User Registration (marked with \*) and click 'Next'.

[Logon](#) | [Contact Us](#)

### User Registration

Please complete the information required below to become a registered BreEZe User. You will receive a confirmation email as part of the registration process.

Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

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#### Account Owner Contact Information

\* First Name:

Middle Name:

\* Last Name:

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#### Account Login

\* Email:  (e.g. name@domain.com)

\* Confirm Email:   
Note: Please enter a valid email address; this email address will not be sold to solicitors.

\* User ID:

---

#### Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

\* Secret Question:

\* Secret Answer:

---

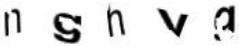
#### Communication

Email Communication:  Yes  No

---

#### Security Measures (This helps to prevent automated registrations.)

\* Type the characters from the picture below (without spaces):



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Review the information you entered, and click **'Save'**.

CA .GOV Department of Consumer Affairs BREEZE

About BreEze FAQ's Help Tutorials

Skip navigation

Logon | Contact Us

### Preview Registration

Press "Save" to save the registration.  
Press "Edit" to modify your registration details.  
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Mickey
Second Name:	
Last Name:	Mouse
Email:	mickeymouse@mailinator.com
UserId:	mickeymouse
Secret Question:	Where were you born?
Secret Answer:	ca
Email Communication:	Yes

[Save](#) [Edit](#) [Cancel](#)

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A notification will show that a temporary password has been sent to your e-mail address. Check your e-mail for this password sent from [no-reply-breeze-online@dca.ca.gov](mailto:no-reply-breeze-online@dca.ca.gov). (You may need to check spam or junk mail folders.)

CA .GOV Department of Consumer Affairs BREEZE

About BreEze FAQ's Help Tutorials

Skip navigation

Logon | Contact Us

### User Registration - Temporary Password Issued

A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.

[Return](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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Open your e-mail message to view the temporary password. Print, write, or copy this temporary password, then click the <https://www.breeze.ca.gov/datamart/languageChoice.do> link to complete the registration process.

Hello Mickey,

Thank you for registering for a BreZE Online Services account. Please complete your registration by using the temporary password provided below. Please note that your online password is case sensitive.

Your temporary password is : PqMkQRK5



Complete the registration process at:

<https://www.breeze.ca.gov/datamart/languageChoice.do>



\*\*Note: This is an automated email. Do NOT reply to this message.

Enter the User ID you created during User Registration, and enter the temporary password.



Department of Consumer Affairs



About BreEZe | [FAQ's](#) | [Help Tutorials](#)

[Skip navigation](#)

[Contact Us](#)

### DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

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#### FOR CONSUMERS

Check Licenses and file complaints.

[Verify a LICENSE](#)   [File a COMPLAINT](#)

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Applicant and licensing needs are available here.  
You will need to [register](#), or use your existing user name and password

##### Returning User

Fields marked with \* are required

\* User ID:

\* Password:

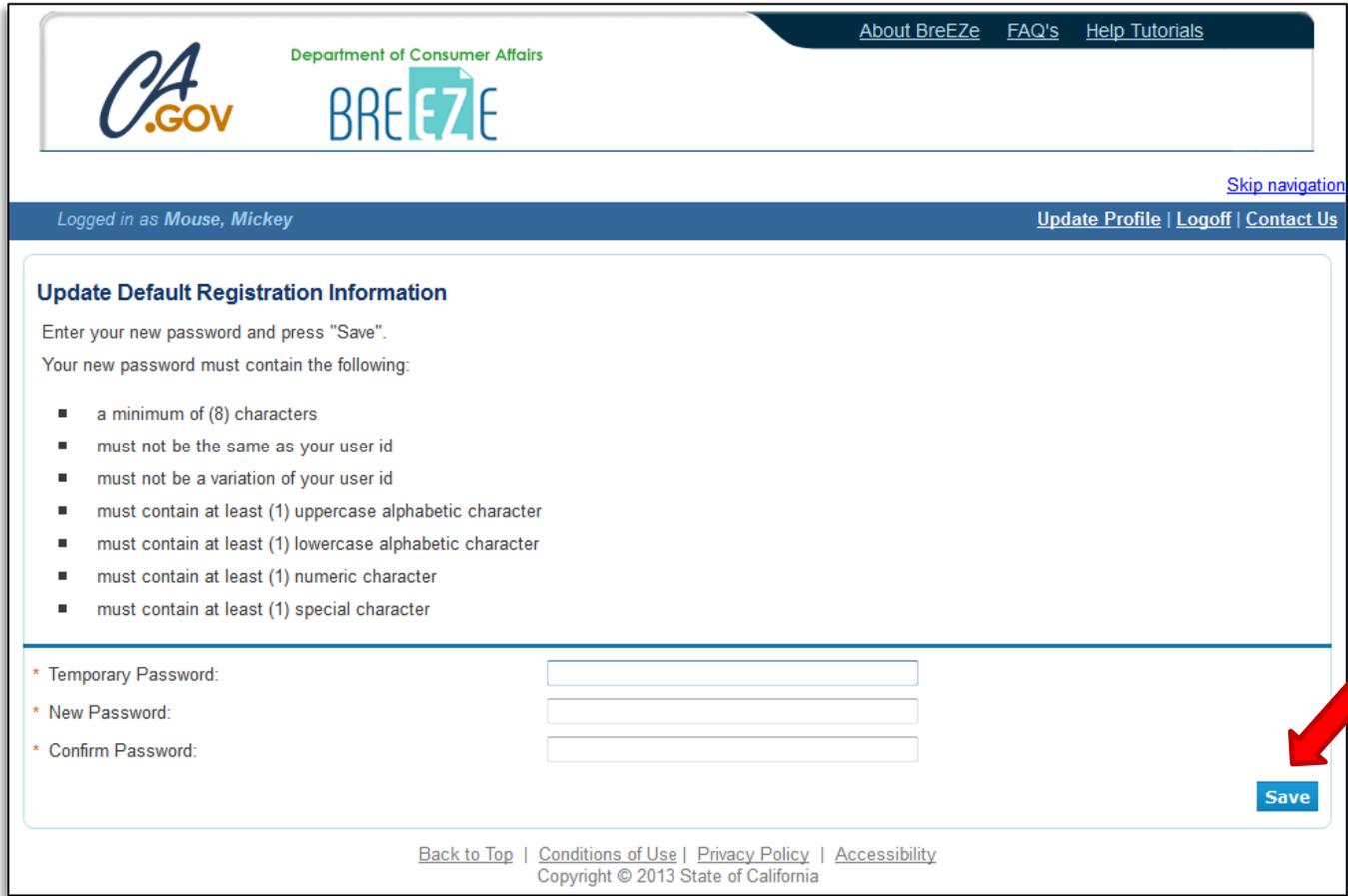
[Forgot Password?](#)   [Forgot User ID?](#)   [Sign In](#)

##### New Users

[BreEZe Registration](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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Enter the temporary password again, then create your new password. **Your new password must include:** a minimum of 8 characters, must not be the same as your user id, must not be a variation of your user id, must contain at least 1 uppercase alphabetic character, must contain at least 1 lowercase alphabetic character, must contain at least 1 numeric character, must contain at least 1 special character. (A special character is a symbol such as: !, @, #, %, etc.) Confirm your new password by re-entering it in the Confirm Password box, and click **'Save'**.



The screenshot shows the BreEZe user interface. At the top left is the CA.GOV logo and the Department of Consumer Affairs logo. To the right are links for 'About BreEZe', 'FAQ's', and 'Help Tutorials'. Below this is a navigation bar with 'Logged in as Mouse, Mickey' on the left and 'Update Profile | Logoff | Contact Us' on the right. The main content area is titled 'Update Default Registration Information' and contains instructions: 'Enter your new password and press "Save". Your new password must contain the following:'. A bulleted list specifies requirements: a minimum of 8 characters, not the same as user id, not a variation of user id, at least 1 uppercase, 1 lowercase, 1 numeric, and 1 special character. Below the list are three input fields: 'Temporary Password:', 'New Password:', and 'Confirm Password:'. A blue 'Save' button is located at the bottom right of the form, with a red arrow pointing to it. At the bottom of the page are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

At the Add Licenses to Registration screen, click **'Yes'**, then click **'Next'** to continue.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

**Step1: Ever held a license before with DCA?**

**Add Licenses To Registration**

Welcome to DCA OnlineQuickStart

By answering a few, simple questions, we will help you to get started.

Are you, or have you ever been, professionally licensed or registered with the Department of Consumer Affairs?

Yes [How do I know?](#)

No

Next

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Select **'Respiratory Care Board'** from the 'DCA Board/Bureau/Committee' dropdown box, and **'Respiratory Care Practitioner'** from the 'License/Registration Type' dropdown box, then click **'Next'** to continue.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

**Step1: Ever held a license before with DCA?**

**Add Licenses To Registration - Select License Type**

Welcome to DCA OnlineQuickStart

Identify the License/Registration that you have held, or you have applied for, in the past.

Which board manages your License/Registration type? Selecting the appropriate board will narrow the available items found in the License/Registration drop-down list.

DCA Board/Bureau/Committee: **Respiratory Care Board** [How do I know?](#)

License/Registration Type: **Respiratory Care Practitioner** [How do I know?](#)

Next Cancel

Back to Top | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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Enter the personal information requested to validate your license information. [If you have a suffix in your name (Jr., III, etc.) please include this in the 'Last Name' field. (Example: Mouse Jr.)] Enter the security characters\*, and click 'Next'.

\*(If you have troubles reading the security characters, click 'Refresh' until they become easier to read.)

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

Step1: Ever held a license before with DCA?

Step2: Provide Identifying Information

Step3: Confirm Information

### Add Licenses To Registration - Validation

Help us find your records.

Please note that you must have an SSN/ITIN on file with your licensing Board/Bureau/Committee in order to on-board your license. If you do not have an SSN/ITIN on file, you will not be able to onboard your license. Please contact your Board/Bureau /Committee for instruction on how to provide your SSN/ITIN.

Please provide your information in order for the Department of Consumer Affairs to confirm that you do not have a previous record in the BreEZe system. A previous record may include: licensee, complainant, witness, etc

\* Required Information

\* Last Name:

\* SSN/ITIN:  Last 4 Digits of SSN/ITIN

\* Date Of Birth:  (mm/dd/yyyy)

**Security Measures** (This helps to prevent automated registrations.)

\* Type the characters from the picture below (without spaces):

Refresh

Next Cancel

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Verify that this is your name and license number, then click 'I confirm this is my license/registration information', and click 'Next'.

**If for some reason you are not able to link your license information to your BreEZe account, please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 M-F 8am-5pm.**

CA .GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

**Step1: Ever held a license before with DCA?**

**Step2: Provide Identifying Information**

**Step3: Confirm Information**

### Add Licenses To Registration - Preview

Good News! We have located your information

Please confirm your license/registration/certificate credentials below. If you are a current applicant, you will see the type of license you are currently pursuing listed below.

Indiv / Org Number:

Name: MOUSE, MICKEY

license/registration Type	license/registration Number
Respiratory Care Practitioner	

Select One:

I confirm this is my license/registration information (read [www.dca.ca.gov/webapps/breeze/dec\\_descript.php](http://www.dca.ca.gov/webapps/breeze/dec_descript.php))

No this is not my license/registration information

Next Cancel

Back to Top | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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After successfully linking your license, you will receive the following message asking if you would like to link more licenses to your profile, click 'No' to continue.

The screenshot shows the BREZE website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links include 'About BreEZe', 'FAQ's', and 'Help Tutorials'. A user is logged in as 'Mouse, Mickey'. The main content area is divided into sections: 'Quick Start Menu', 'License Activities', 'Applications', and 'Additional Activities'. A 'License/Registration Information' box shows details for a Respiratory Care Practitioner with license number 29228. A modal dialog box is overlaid on the page, asking: 'You have successfully linked your online registration to a license(s). Would you like to link your online registration to more license(s)?'. The dialog has 'Yes' and 'No' buttons. A red arrow points to the 'No' button. At the bottom of the page, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

This will bring you to the **Quick Start Menu**.

The screenshot shows the BreEze website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEze logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help Tutorials' are visible. A user is logged in as 'Mouse, Mickey'. The main content area is titled 'Quick Start Menu' and contains several sections: 'License Activities', 'Additional Activities', and 'Applications'. A red arrow points to the '<Choose Application>' dropdown menu under 'Manage your license information' in the 'License Activities' section. A 'License/Registration Information' sidebar is also visible on the right.

To update your mailing address with RCB, click the '**<Choose Application>**' dropdown menu under **License Activities – 'Manage your license information'**. Select **Address Change** from the dropdown menu, then click the blue **Select** button.

Please note: You are able to update your address at any time. Please make sure we have your correct address of record prior to the renewal of your license.

This is a close-up of the 'Manage your license information' section. It shows a dropdown menu with 'Change of Address' selected and a blue 'Select' button.

At the Change of Address - Introduction screen, please read the information carefully, and click 'Next' to continue.

<b>Introduction</b>	<b>Change of Address - Introduction</b>
Information Privacy Act	To change your address of record, please select the link of the address you wish to update and provide the new information. Once this information has been updated, you will not receive a new pocket identification card. If you need to request a new pocket card, please complete the Duplicate Certificate with Fee application from your home screen. Please be aware: An address of record is public information even if it is a home address.
Name and Personal/Organization Details	Press "Next" to continue.
Contact Details	Press "Cancel" to exit this application.
File Attachments	
Application Summary	

[Next](#) [Cancel](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)  
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On the Information Privacy Act screen, please read the information carefully and click 'Agree' to continue.

<b>Introduction</b>	<b>Change of Address - Information Privacy Act</b>
<b>Information Privacy Act</b>	<b>NOTICE ON COLLECTION OF PERSONAL INFORMATION</b>
Name and Personal/Organization Details	<b>Collection and Use of Personal Information:</b> The Respiratory Care Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30 and 3730. The Respiratory Care Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and to enforce licensing standards set by law and regulation. <b>Mandatory Submission.</b> Submission of the requested information is mandatory. The Respiratory Care Board cannot consider your application for licensure or renewal unless you provide all of the requested information. <b>Access to Personal Information.</b> You may review the records maintained by the Respiratory Care Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information. <b>Possible Disclosure of Personal Information.</b> We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:
Contact Details	<ul style="list-style-type: none"><li>• In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);</li><li>• To another government agency as required by state or federal law; or</li><li>• In response to a court or administrative order, a subpoena, or a search warrant.</li></ul>
File Attachments	<b>Contact Information:</b> For questions about this notice or access to your records, you may contact: <b>Respiratory Care Board</b> 3750 Rosin Court Suite 100 Sacramento, CA 95834 Phone: (866) 375-0386 Email: rcbinfo@dca.ca.gov
Application Summary	For questions about the Department of Consumer Affairs's privacy policy or the Information Practices Act, you may contact: <b>Office of Information Security and Privacy Protection</b> 1625 North Market Blvd. Sacramento, CA 95834 Phone: (866) 785-9663 Email: privacy@oispp.ca.gov
	Press "Agree" to continue. Press "Cancel" to exit this application.

[Agree](#) [Cancel](#)

On the Name and Personal Details screen, verify your information is correct and click **'Next'**.

**Change of Address - Name and Personal Details**

Press "Previous" to return to the previous screen.  
Verify your personal details and press "Next" to continue.  
Press "Cancel" to exit this application.

Title:  
First Name:  
Middle Name:  
Last Name:

[Previous](#) [Next](#) [Cancel](#)

On the Address Detail Summary screen, if you need to fix/update your address, phone number, or e-mail, click the blue **'Address of Record'** link under 'License Specific Addresses' to edit the information.

**Change of Address - Address Detail Summary**

Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
Press "Cancel" to exit this application.

**License Specific Addresses**

[Address of Record](#) Address:  
Phone Number:  
Alternate Phone

Please note, the 'Address of Record' will be disclosed to the public.

[Previous](#) [Next](#) [Cancel](#)

Update your information on the Change of Address – Maintain Contact Details screen and click 'Done'.

**Change of Address - Maintain Contact Details**

Edit the data and press "Done" to save your changes.  
Press "Cancel" if you do not want to save your changes.

---

Address of Record

\* Address Line 1:

Address Line 2:

Address Line 3:

\* City:

\* State:

\* Zip Code:

County:

\* Country:

\* Phone Number:

Extension:

E-mail:

Alternate Phone

**Done** **Cancel**

Review your updated information and click 'Next' to continue.

**Change of Address - Address Detail Summary**

Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
Press "Cancel" to exit this application.

---

**License Specific Addresses**

Address of Record Address:

Phone Number:

Alternate Phone

Please note, the 'Address of Record' will be disclosed to the public.

**Previous** **Next** **Cancel**

The Attachments screen is an optional screen where you are able to attach any documents related to this application. Click the 'Browse' button to select the file from your computer, then click 'Attach' to include the attached documents to your application. Click '**Next**' to continue.

<p>Introduction</p> <p>Information Privacy Act</p> <p>Name and Personal/Organization Details</p> <p>Contact Details</p> <p><b>File Attachments</b></p> <p>Application Summary</p>	<h3>Change of Address - Attachments</h3> <p>Locate a file with the "Browse" button and press "Attach" or "Remove" as required.</p> <p>Press "Next" when there are no more files to attach.</p> <p>Press "Previous" to return to the previous screen.</p> <p>Press "Cancel" to exit this application.</p> <hr/> <p>File Name: <input type="button" value="Browse..."/> No file selected.</p> <p>Notes: <input type="text"/></p> <p>Note: The character limit for the notes field is 200 characters</p> <p><input type="button" value="Attach"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/></p>
---	--

The next screen contains the Application Summary. Review the information that was entered on this application.

Once you review the information entered, click **'Next'** at the bottom of the screen.

**Change of Address - Application Summary**

Press "Previous" to return to the previous section.  
Review the data and press "Next" to submit this application.  
Press "Cancel" to exit this application.

**Change of Address Summary**

License Type:  
File Number:  
Application Date:

**Personal Details**

Title:  
First Name:  
Middle Name:  
Last Name:

**Addresses**

**License Specific Addresses**

**Address of Record**

Address:  
Phone Number:  
E-mail:  
Alternate Phone

Previous Next Cancel

On the Attestation screen, read the statement, click **'Yes'**, then click **'Submit'** to continue.

**Change of Address - Attestation**

Press "Previous" to return to the previous section.  
Answer "Yes" or "No" to the Attestation and press "Submit" to continue.  
Press "Cancel" to exit this application.

I swear under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary information attached hereto, are true, complete and accurate.

By selecting "Yes" and clicking "Submit" I attest that I have read and understand this statement.

Yes  No

Previous Submit Cancel

---

You will then be taken to the Fee and Summary Report. Click '**Back**' to return to the Quick Start Menu.

**Fee and Summary Report**

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

Press "Back" to return to the main menu.

[Back](#)

[View PDF Summary Report](#)



*Please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 if you have any questions.*