

State Board of Accountancy
 P O Box 2649
 Harrisburg, PA 17105-2649

Courier Address:
 2601 North Third Street
 Harrisburg, PA 17110

REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE

This request form is used to process a change of personal name and/or address on an individual license, to request a duplicate copy of an existing license, wall certificate or request inactive status for your individual license. COMPLETE IN BLACK INK

CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION



CHANGE OF PERSONAL NAME AND/OR ADDRESS:

1. Submit an 8½ x 11 copy of a legal document verifying your new name. **The only acceptable documents are:** a marriage certificate, divorce decree which indicates the retaking of your maiden name, court order indicating the retaking of a maiden name, or a court order approving a legal name change. ***Copies of driver's license or Social Security cards are not acceptable. Failure to submit required documents will result in your license being issued in the name as shown on our records.***
2. Complete the information below.



REQUEST FOR A DUPLICATE LICENSE OR WALL CERTIFICATE:

1. Submit a \$5.00 fee for duplicate license or \$10.00 fee for a wall certificate. Make check or money order, payable to the "Commonwealth of PA." ***A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.***
2. Complete the information below.



REQUEST TO PLACE MY INDIVIDUAL LICENSE ON INACTIVE STATUS. Complete the below information and **return your current license.** There is no fee to place your license on inactive status.

LICENSEE NAME:		SOCIAL SECURITY #:	
CPA OR PA LICENSE #:		DATE OF BIRTH:	
CONTACT PHONE #:		EMAIL ADDRESS:	
CHECK THE APPROPRIATE BOX FOR THE ADDRESS THAT SHOULD APPEAR ON THE LICENSE---HOME OR BUSINESS ADDRESS			
<input type="checkbox"/> NEW HOME ADDRESS:		OLD HOME ADDRESS: <i>(Required for Verification)</i>	
	City: _____ State: _____ Zip Code: _____		
<input type="checkbox"/> NEW EMPLOYER'S BUSINESS ADDRESS:		OLD EMP'S BUSINESS ADDRESS: <i>(Required for Verification)</i>	
	City: _____ State: _____ Zip Code: _____		
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