Name Change/ Wall Certificate Replacement

Oregon Board of Accountancy

 3218 Pringle Rd SE #110
 (503)378.4181

 Salem, OR 97302-6307
 http://oregon.gov/boa/

PERSONAL INFORMATION: Name (as currently registered with the Board)		
Address		
Daytime Phone	License #	
NAME CHANGE (No fee required if not	t requesting a replacement wall certificate in new name):	
New Name (as you wish it to appear in Board records):		
Submit documentation supporting the change of your name, e.g. marriage license, divorce decree, order of legal name change, etc., AND front & back of Drivers License.		
	ATE: ack to the Board office with this request unless the document was lost, se is in a lapsed status, a replacement wall certificate cannot be issued.	
Name as you wish it to appear on wall cert	tificate:	
Size Preference: 11x14	16x20	
Reason for replacement:LostStol	enName ChangeDestroyed (Fire, Flood, etc) Other	
Please explain in detail the reason for replacement:		
	FEE: \$15.00	

AFFIDAVIT OF APPLICANT:

subject to disclosure as a public record.

I certify that all statements, answers, and representations on this form are true, complete and accurate. I further certify and agree that I will immediately return my lost or stolen wall certificate to the Oregon Board of Accountancy, should the license or wall certificate be found, or report its whereabouts should it become known to me.

Signature:	Date:	
CHECKLIST:	porting my name change (marriage license, diverse decree, order of logal name abang)

Thave choiced documentation supporting my name change (mainage license, divorce decree, order or legal name change	101
I have enclosed my original wall certificate for cancellation unless the document was lost, stolen or destroyed	
I have provided all required information on the above application and signed the affidavit	
I have enclosed a copy of the front and back of my drivers license	
I have attached the \$15 fee (if required)	
Please be advised that the Oregon Board of Accountancy is required to comply with the Public Records Law, Chapter 192. This law requires a strong	
mandate in favor of disclosure of public records. As such, the information you submit to the Board, including personal information, may ultimately be	

Credit/Debit Card Payment Authorization Form

DO NOT SEND THIS FORM WITHOUT ATTACHING THE APPLICATION

I authorize the Oregon Board of Accountancy to charge my Credit/Debit card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error.

Signature	Date
Cardholder's Information: Please PRINT and provide	e <u>ALL</u> information.
Charge Amount: \$ Visa OR Ma	asterCard Exp Date:
Card Number:	
Cardholder Name (as it appears on the card):	
Cardholder Billing Address:	
City State, Zip Code	Daytime Phone Number
Cardholder's Signature	Date

Please mail to:

Oregon Board of Accountancy 3218 Pringle Rd SE #110 Salem, OR 97302

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM