

CPA/PA CHANGE OF ADDRESS FORM

Tennessee State Board of Accountancy

500 James Robertson Pkwy

Davy Crockett Tower

Nashville, Tennessee 37243-1141

Phone: 615-741-2550 Toll Free: 888-453-6150 Fax: 615-532-8800

Rule 0020-3-.16 requires licensees to notify the Board of a change of address or employment within 30 days. A fee of \$25.00 should accompany this change form if 30 days have passed without notification.

NAME _____ LICENSE # _____

When did your address change? _____
MONTH DAY YEAR

The Board maintains three addresses in your file. All mail correspondence will be sent to the mailing address you specify below.

NEW HOME ADDRESS:	
ADDRESS _____	CITY STATE ZIP
PHONE () - _____	E-MAIL _____
NEW EMPLOYMENT ADDRESS:	
EMPLOYER _____	
ADDRESS _____	CITY STATE ZIP
PHONE () - _____	E-MAIL _____
NEW MAILING ADDRESS:	Same as HOME _____ Same as EMPLOYMENT _____
ADDRESS _____	CITY STATE ZIP
PHONE () - _____	E-MAIL _____

Fax Number of preference: _____

SIGNATURE
Revised 03/11/2014

DATE
RDA