

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