

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

Courier Address:

State Board of Accountancy  
 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 or to request a duplicate copy of an existing license. **COMPLETE IN BLUE OR BLACK INK-NO TYPEWRITTEN FORMS ACCEPTED**

**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:**

1. Submit a \$5.00 fee, 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.

<b>LICENSEE NAME:</b>		<b>SOCIAL SECURITY #:</b>	
<b>CPA OR PA LICENSE #:</b>		<b>DATE OF BIRTH:</b>	
<b>CONTACT PHONE #:</b>		<b>EMAIL ADDRESS:</b>	
<b>**CHECK THE APPROPRIATE BOX FOR THE ADDRESS THAT SHOULD APPEAR ON THE LICENSE---HOME OR BUSINESS ADDRESS**</b>			
<input type="checkbox"/> <b>NEW HOME ADDRESS:</b> City: _____ State: _____ Zip Code: _____	<b>OLD ADDRESS:</b>		<b>P L E A S E  P R I N T</b>
	<i>(Required for Verification)</i>		
<input type="checkbox"/> <b>NEW BUSINESS ADDRESS:</b> City: _____ State: _____ Zip Code: _____	<b>OLD BUSINESS ADDRESS:</b>		
	<i>(Required for Verification)</i>		