

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
FACSIMILE: (916) 263-3675
WEB ADDRESS: <http://www.dca.ca.gov/cba>



ADDRESS CHANGE FORM INSTRUCTIONS

1. Use this form if you are an:
 - a. Applicant for licensure
 - b. Licensee
 - c. Licensed partner
 - d. Licensed shareholder
2. The signature of the applicant for licensure, licensee, licensed partner or licensed shareholder is required on the address change form.
3. The Board sends all official correspondence to the **address of record**. You may use the following as an address of record:
 - a. Primary Residence
 - b. Place of Employment
 - c. Post Office Box - **If your address of record is a post office box or a mail drop, you must provide the street address of either your primary place of employment or residence in the "Alternate Address" box on the address change form.** The "Alternate Address" is not public information and will not be posted on the Board's Web License Lookup.
4. Once you are licensed by the Board, your **address of record is public information** pursuant to California Code of Regulations Title 16, Division 1, Article 1, Section 3, Notification of Change of Address, Section 5009 of the Business and Professions Code, and the California Public Records Act.

ADDRESS CHANGE FORM

A separate address change form must be submitted for each license type.

PLEASE PRINT

Name of Applicant for Licensure

Last	First	Middle

Name of Licensee

Individual (CPA/PA) - License No. _____

Last	First	Middle

Name of Firm

Corporation Partnership Fictitious Name License No. _____

Firm Name

NEW Address of Record (An Address of Record is Required)

Be advised that if you are a licensed CPA/PA or firm, your address of record is public information, and all Board correspondence will be sent to this address.

Home Business (check one)

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Business Name (if different from name above)

Street	<input type="radio"/> Apt. # <input type="radio"/> Suite # (check one)

City	State	Zip

Former Address of Record

Street	<input type="radio"/> Apt. # <input type="radio"/> Suite # (check one)

City	State	Zip

Alternate Address for Mail Drops and PO Boxes

If your address of record is a PO Box or Mail Drop, you are required to provide a street address. This address will not be posted on the Board's Web License Lookup.

Street	<input type="radio"/> Home <input type="radio"/> Business (check one) <input type="radio"/> Apt. # <input type="radio"/> Suite # (check one)

City	State	Zip

Daytime Phone Number

-	-
Area Code	

You may confirm your change of address on license lookup at www.dca.ca.gov/cba.

I certify the truth and accuracy of all of these statements and representations.

Signature _____ Date _____

Print your name _____

A licensee who fails to notify the California Board of Accountancy within 30 days of a change of address of record may be subject to citation and fine (fines ranging from \$100-\$1000) under the California Code of Regulations, Title 16, Division 1, Sections 3 and 95.2.

The Board maintains a list of all licensees. This list is sold to requestors for mailing list purposes. Check here only if you do not want your name included on this list. *Please Note: Your name and address of record is public information and can be accessed through our Web site at www.dca.ca.gov/cba.*

Mail to: California Board of Accountancy, 2000 Evergreen Street, Suite 250, Sacramento, CA 95815-3832

or **FAX to:** (916) 263-3675