

**North Carolina State Board of CPA Examiners**  
1101 Oberlin Road, Suite 104 • PO Box 12827 • Raleigh, NC 27605  
Phone (919) 733-4222 • Fax (919) 733-4209 • Web [www.nccpaboard.gov](http://www.nccpaboard.gov)

**Notice of Address Change**

Certificate Holder

Certificate No. \_\_\_\_\_

Exam Candidate

Last four (4) digits of Social Security No. \_\_\_\_\_

Firm

Name of Supervising CPA: \_\_\_\_\_

**NAME**

\_\_\_\_\_  
Full Name (First/Middle/Last/Suffix)

**MAILING ADDRESS**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address (Street or PO Box and City, State, Zip Code)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**HOME ADDRESS**

\_\_\_\_\_  
Address (Street or PO Box and City, State, Zip Code)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**BUSINESS ADDRESS**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address (Street or PO Box and City, State, Zip Code)

\_\_\_\_\_  
Main Telephone Number

\_\_\_\_\_  
Direct Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**NOTE:** The address to which the Board sends mail ("mailing address") is also the address that will be displayed on the Board's website. If you do not wish for your home address and telephone number to be displayed on the Board's website, you must use your business address as your mailing address.

Under penalties of perjury, I affirm that the above information is true, accurate, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail completed form to:**  
State Board of CPA Examiners  
PO Box 12827  
Raleigh, NC 27605-2827

**Fax completed form to:** (919) 733-4209

**Email completed form to:**  
[vanessiaw@nccpaboard.gov](mailto:vanessiaw@nccpaboard.gov)