



North Carolina State Board of Certified Public Accountant Examiners

Notice of Address Change

Certificate Holder
Certificate No. _____

Exam Candidate
Last four (4) digits of Social Security No. _____

CPA Firm
Name of Supervising CPA: _____

NAME

Full Name (First Middle Last Suffix)

MAILING ADDRESS

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

Email completed form to:
vanessiaw@nccpaboard.gov