



## North Carolina State Board of Certified Public Accountant Examiners

### Notice of Address Change (Individuals)

\_\_\_\_\_  
Certificate Holder\*  
Certificate No. \_\_\_\_\_

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

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

#### 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

**\*Certificate Holders:** 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:**  
addresschange@nccpaboard.gov