

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 Site www.nccpaboard.gov

Notice of Address Change

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

NAME

_____ Mr./Ms. First Middle Last Jr./Sr./III

MAILING ADDRESS

_____ Business Name
_____ PO Box/Street Address City State Zip
() ()
_____ Telephone Fax E-Mail Address

HOME ADDRESS

_____ PO Box/Street Address City State Zip
() ()
_____ Telephone Fax E-Mail Address

BUSINESS ADDRESS

_____ Business Name
_____ PO Box/Street Address City State Zip
() () ()
_____ Main Telephone Direct Telephone Fax
_____ E-Mail Address Web Site

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