MINNESOTA
BOARD OF ACCOUNTANCY

CLEAR FORM PRINT FORM

85 East 7th Place, Suite 125, St. Paul, MN 55101-2143
Ph: 651-296-7938 • Fax: 651-282-2644 • boa.state.mn.us

NAME / ADDRESS / EMPLOYER CHANGE REQUEST FORM FOR INDIVIDUAL LICENSEES

Mail, fax, or email this form to the Board office.

The following information has changed: ☐ Address ☐ Name ☐ Employer

Name _____
(First) (M.I.) (Last) (Suffix)

Preferred "mail to": ☐ Home ☐ Business

Former Name _____
(If applicable. See note below regarding required documentation.)

Employer Name _____

Certificate # _____

Work Phone _____

Home Phone _____

Work Fax _____

Home Address _____

Work Address _____

City _____

Work City _____

State _____ Zip _____

Work State _____ Work Zip _____

Signature _____ Date _____

Name changes: **You must include a copy of your legal name change documentation**, such as a marriage certificate, pertinent section of divorce decree, etc. Name changes cannot be made without legal documentation.

Firms: **Do not use this form.** Use the **Firm Name Change Form** appropriate to your type of firm: boa.state.mn.us/forms.html

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