



# MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

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## Change of Address

The State Board must be notified in writing of name, address, or employment changes(Rule 2.3.2 and 6.17.16).

License Number: \_\_\_\_\_ Board File Number: \_\_\_\_\_ SS Number: \_\_\_\_\_

### NAME

Current: \_\_\_\_\_  
Last First Middle Nickname

**Name change requires a copy of legal documentation (i.e. marriage license, divorce decree)**

Previous: \_\_\_\_\_  
Last First Middle Nickname

	CURRENT	PREVIOUS
RESIDENTIAL ADDRESS		
RESIDENTIAL PHONE		
BUSINESS NAME/ADDRESS		
BUSINESS PHONE		
E-MAIL ADDRESS		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form can be mailed, emailed or faxed to the State Board office as soon as possible.**