



**MISSISSIPPI STATE BOARD  
OF PUBLIC ACCOUNTANCY**

5 OLD RIVER PLACE, SUITE 104  
JACKSON, MS 39202-3449  
(601) 354-7320 (601)354-7290 FAX  
www.msba.ms.gov email@msba.ms.gov

**CPA and CPA Firm List and  
Label Request Form**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Lists and Labels Available for Purchase**

<p><b>Mississippi CPA Labels - \$200 .00</b> Sorted by : <input type="checkbox"/> Alphabetical (Last Name) <input type="checkbox"/> Zip Code</p>	<p><b>Mississippi CPA Firm Labels - \$200.00</b> Sorted by <input type="checkbox"/> Alphabetical (Last Name) <input type="checkbox"/> Zip Code</p>
<p><b>Mississippi CPA List - \$100.00</b> Sorted by: <input type="checkbox"/> Alphabetical (Last Name) <input type="checkbox"/> Zip Code</p>	<p><b>Mississippi CPA Firm List - \$100.00</b> Sorted by <input type="checkbox"/> Alphabetical (Last Name) <input type="checkbox"/> Zip Code</p>

**Lists and Labels are not available in electronic format.**

Please send a check or money order for full amount with this form, completed and signed, with materials described below, to Mississippi State Board of Public Accountancy, 5 Old River Place Suite 104, Jackson, MS 39202. If you have any questions about your order, please contact us.

- I. When ordering labels and lists, you must supply the Board with a copy of the material you will be mailing to candidates or CPAs. Label and list orders will not be processed until the material is received and approved by the Executive Director or Board.
- II. Neither labels nor lists of CPAs that are retired, suspended, revoked, or surrendered are available.
- III. Labels and lists purchased from the Board are for use by the purchaser only and **cannot be resold or redistributed**. Any labels and lists purchased from the Board cannot be used for any purpose other than those specified in the original order.

**Affirmation:**

**I/We agree to abide by these conditions and understand that if there is a violation of these conditions appropriate action will be taken included, but not limited to, denial of future requests.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Enclosed

**For Board Use :**

Approved By: \_\_\_\_\_

Date \_\_\_\_\_