



MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

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CPA/CPA Firm List Request Form

Contact Name _____ Phone _____

Business _____

Mailing Address _____ City, State Zip _____

*EMAIL _____

Lists Available

MS CPA LIST

SORTED Alphabetical Zip Code

MS CPA FIRM LIST

SORTED Alphabetical Zip Code

*Lists are available in electronic format and will be emailed to the email address above.

Please email this form and any other documentation to Lane.McNeal@msbpa.ms.gov

- I. When ordering a list, you must supply the Board with a copy of the material you will be mailing to CPAs or Firms. Lists will include name, address and license number of the Active CPAs or Firms requested.
II. Lists obtained from the Board are for use by the requester only and cannot be sold or redistributed. Any lists obtained 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 _____

For Board Use

Approved By _____