



500 James Robertson Parkway  
Nashville, TN 37243  
Tel: 615-741-2241  
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY
LICENSE TYPE <u>1101</u>
TRANSACTION TYPE <u>7020</u>
FILE NUMBER _____
ENTITY NUMBER _____
APPLICATION NUMBER _____
AMOUNT PAID _____

### CPA/PA CHANGE OF ADDRESS FORM

Please include this cover sheet with payment if more than 30 days have passed without notification of the address change.

Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:

Attn: Tennessee State Board of Accountancy  
**The Department of Commerce & Insurance**  
**500 James Robertson Parkway**  
**Nashville, TN 37243**

#### Section One: Applicant Identification and eligibility verification

Applicant Name \_\_\_\_\_

Are you currently licensed? Yes/No \_\_\_\_\_ If Yes, License Number \_\_\_\_\_

Social Security Number OR Federal EIN \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# CPA/PA CHANGE OF ADDRESS FORM

Tennessee State Board of Accountancy

500 James Robertson Pkwy

Davy Crockett Tower

Nashville, Tennessee 37243-1141

Phone: 615-741-2550 Toll Free: 888-453-6150 Fax: 615-532-8800

**Rule 0020-3-.16 requires licensees to notify the Board of a change of address or employment within 30 days. A fee of \$25.00 should accompany this change form if 30 days have passed without notification.**

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

When did your address change? \_\_\_\_\_  
MONTH DAY YEAR

*The Board maintains three addresses in your file. All mail correspondence will be sent to the mailing address you specify below.*

<b>NEW HOME ADDRESS:</b>	
ADDRESS _____	CITY STATE ZIP
PHONE ( ) - _____	E-MAIL _____
<b>NEW EMPLOYMENT ADDRESS:</b>	
EMPLOYER _____	
ADDRESS _____	CITY STATE ZIP
PHONE ( ) - _____	E-MAIL _____
<b>NEW MAILING ADDRESS:</b>	Same as HOME _____ Same as EMPLOYMENT _____
ADDRESS _____	CITY STATE ZIP
PHONE ( ) - _____	E-MAIL _____

Fax Number of preference: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE  
Revised 03/11/2014

\_\_\_\_\_  
DATE  
RDA