



Department of
**Commerce &
Insurance**

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

FOR OFFICE USE ONLY

LICENSE TYPE 1101

TRANSACTION TYPE 7020

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

License Number

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.

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

Fax Number of preference: _____

SIGNATURE
Revised 03/11/2014

DATE
RDA