

**State of Florida
Department of Business and Professional Regulation
Board of Accountancy
CPA Request for Name/Address Change
Form # DBPR CPA 8**

IMPORTANT – Submit all items as indicated by the instructions below with your application to ensure faster processing

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

APPLICATION FEES

- | | |
|---|--|
| <input type="checkbox"/> Name Change | No fee |
| <input type="checkbox"/> Submit legal documentation of name change (e.g. Court documents showing name change, marriage license, divorce decree, etc.) | |
| <input type="checkbox"/> Address Change | No Fee |
| <input type="checkbox"/> Request Duplicate Wall Certificate | \$25.00 fee (Payable to Department of Business and Professional Regulation) |
| Note: It is board policy to only issue one wall certificate for each active licensee. | |

NOTE: Licenses can be printed at no charge by logging into your [DBPR Online Account](#).

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Rd
Tallahassee, FL 32399-0783

1) Application Instructions

a) Transaction Type

i) Name Change

- (1) Select this transaction if you need to update your name.
- (2) Submit legal documentation of name change (e.g. Court documents showing name change, marriage license, divorce decree, etc.)

ii) Address Change

- (1) Select this transaction if you need to update your physical address and/or mailing address information.

iii) Request Duplicate Wall Certificate

- (1) Select this transaction if you need a duplicate wall certificate due to a name change or if your wall certificate has been damaged, lost, stolen or destroyed.
- (2) There is a \$25.00 fee for the duplicate wall certificate.
- (3) **You are required to return the old wall certificate.** If you cannot return the certificate, you must send a notarized statement explaining the circumstances. It is board policy to only issue one (1) wall certificate for each active licensee.

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).

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Transaction Type

Check all that apply. **NOTE:** You must return your wall certificate to be issued a duplicate certificate.

- Name Change** [9006]
 Supporting legal documentation of name change (e.g. Court documents showing name change, marriage license, divorce decree, etc.)
- Address Change** [9006]
 Change Physical Address Change Mailing Address
- Request Duplicate Wall Certificate** [8004]
 Return your wall certificate Submit \$25 fee
 Supporting legal documentation of name change (if applicable)

APPLICANT INFORMATION

Fill out each section completely.

License/Permit Number:

PREVIOUS NAME

Last/Surname	First	Middle	Suffix
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CURRENT NAME

Last/Surname	First	Middle	Suffix
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CONTACT INFORMATION

Primary Phone Number	Primary E-Mail Address
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PHYSICAL ADDRESS (License Location (if different from mailing address))

Street Address

City	State	Zip Code (+ 4 Optional)
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County	Country
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MAILING ADDRESS

Street Address

City	State	Zip Code (+ 4 Optional)
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County	Country
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AFFIRMATION BY WRITTEN DECLARATION

Must be signed by applicant

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I **understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature	Date
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Print Name

