



ARIZONA STATE BOARD OF ACCOUNTANCY

100 N. 15th Avenue, Suite 165
Phoenix, Arizona 85007
Phone: 602-364-0804
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CHANGE OF ADDRESS FORM

Every registrant must have a current *Address of Record* where communications from the Board may be sent, some of which may require a response. Arizona Administrative Code R4-1-346 requires that within 30 days of any business, mailing, or residential changes of address, a registrant shall notify the Board of the new address by filling out the change of address form prescribed by the Board.

Section 1 - Applicant or Registrant Type

An exam applicant jurisdiction ID number can be found in your NASBA Gateway Portal account and a CPA certificate and/or CPA firm registration number can be found at www.azaccountancy.gov/CPA Directory.

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|---|-----------------|----------------------|-----------------|
| <input type="checkbox"/> Uniform CPA Exam Applicant | Jurisdiction ID | <input type="text"/> | Go to Section 2 |
| <input type="checkbox"/> Certification Applicant | | | Go to Section 2 |
| <input type="checkbox"/> CPA Registrant | Certificate # | <input type="text"/> | Go to Section 2 |
| <input type="checkbox"/> Firm Registrant | Firm # | <input type="text"/> | Go to Section 3 |

Section 2 - Exam / Certification Applicant or CPA Registrant

First Name	<input type="text"/>	Middle Name/Initial	<input type="text"/>
Last Name	<input type="text"/>	Suffix	<input type="text"/>
		Phone #	<input type="text"/>

As the Board modernizes, there will be an increased reliance on email communication to provide service to applicants/registrants. In order to receive communication not otherwise required to be sent by certified mail, please inform the Board about any change to your email address.

CPA Registrants Only - This form will not update the password recovery email associated with your biennial online registration renewal account, if you have one. If you would like to update your online account portal recovery email address, log in to your account portal and select "Login Security Information."

Email

Note: You may update two different address types. Provide only current address information. Do not include your old address.

Address #1

Street	<input type="text"/>	City	<input type="text"/>	Select the address type <input type="checkbox"/> Mailing Address <input type="checkbox"/> Residential Address <input type="checkbox"/> Business Address
State	<input type="text"/>	Zip/Postal	<input type="text"/>	
Country	<input type="text"/>			
Business Name, if applicable <input type="text"/>				

Address #2

Street	<input type="text"/>	City	<input type="text"/>	Select the address type <input type="checkbox"/> Mailing Address <input type="checkbox"/> Residential Address <input type="checkbox"/> Business Address
State	<input type="text"/>	Zip/Postal	<input type="text"/>	
Country	<input type="text"/>			
Business Name, if applicable <input type="text"/>				

Address of Record

Which of these two addresses will be your new *Address of Record*? ☐ # 1 ☐ #2 ☐ Neither

Section 3 - Firm Registrant

The individual named below must be an **owner** of the firm.

Firm Name	<input type="text"/>	Phone #	<input type="text"/>
First Name	<input type="text"/>	Middle Name/Initial	<input type="text"/>
Last Name	<input type="text"/>	Suffix	<input type="text"/>

As the Board modernizes, there will be an increased reliance on email communication to provide service to registrants. In order to receive communication not otherwise required to be sent by certified mail, please inform the Board about any change to your email address.

Email	<input type="text"/>
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Note: You may update two different address types. Provide only current address information. Do not include your old address.

Address #1

Street	<input type="text"/>	City	<input type="text"/>	Select the address type <input type="checkbox"/> Mailing Address <input type="checkbox"/> Business Address	
State	<input type="text"/>	Zip/Postal	<input type="text"/>		Country

Address #2

Street	<input type="text"/>	City	<input type="text"/>	Select the address type <input type="checkbox"/> Mailing Address <input type="checkbox"/> Business Address	
State	<input type="text"/>	Zip/Postal	<input type="text"/>		Country

Address of Record

Which of these two addresses will be your new *Address of Record*? ☐ # 1 ☐ #2 ☐ Neither

Section 4 - Signature

Only the individual listed in Section 2 or 3 may sign this form.

Signature	<input type="text"/>	Date	<input type="text"/>
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Submit by mail, fax, or email

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