

IDAHO STATE BOARD OF ACCOUNTANCY
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: isba@dopl.idaho.gov

IDAHO STATE BOARD OF ACCOUNTANCY - AFFIDAVIT FOR CHANGE OF NAME

- 1) Complete this form,
- 2) Include legal documentation of the name change,
- 3) Return the form to the Board office.
- 4) If licensed, you must discontinue use of your current wallet card. A replacement will be issued.

(Present name - print or type)

(Last 4 digits of Social Security Number)

State of _____ County of _____

States that on the _____ day of _____, 20 _____, his/her name was changed.

And that prior to the change, his/her name was _____ and that he/she is the person who:
(Prior Name - Print or Type)

(Check one)

- _____ is licensed as a CPA or LPA (circle one) in Idaho with license number _____.
- _____ has made application for licensure as a Certified Public Accountant in Idaho.
- _____ has made application to sit for the Uniform CPA Examination.

Signature

Mailing Address

Alternate Address

In Care of: _____

In Care of: _____

Street 1: _____

Street 1: _____

Street 2: _____

Street 2: _____

City, State, Zip: _____

City, State, Zip: _____

E-mail Address: _____

E-mail Address: _____

Home Phone # _____ Work # _____ Cell # _____