

Name Change/Wall Document Replacement Form

**Board of Accountancy
Washington State**



REQUEST (Check one)

Name Change No Wall Document – **NO FEE**

Name Change with Wall Document – **\$50 FEE****

Replacement Wall Document – **\$50 FEE ****

** I Have Attached My Original Wall Document (Required unless lost, stolen or destroyed.)

The Board **does not** issue wall documents: To lapsed or retired individuals.

CONTACT INFORMATION

Your full name currently registered with the Board:

First Middle Last Suffix

New name you would like registered with the Board:

First Middle Last Suffix

Mailing Address (including city, state, zip code, country):

Certificate/License #: _____

Daytime Phone Number: (____) _____

Email Address: _____

Date of Birth: _____

CERTIFICATION SECTION

I certify that:

The information on this form is true and correct.

If I did not attach my old wall document for a replacement it is because it was:

Lost Stolen Destroyed (fire, flood, etc.) Other: _____

Signature: _____

Date: _____

Make checks payable to: Washington State Board of Accountancy.

All fees must be in U.S. currency and drawn on a bank with a U.S. bank affiliate listed on the face of the check or money order.

Mail To: PO Box 43113, Olympia, WA 98504
Physical: 1110 Capitol Way Suite 260, Olympia WA 98501

Contact: (360) 753-2586

THE BOARD ADVISES YOU TO KEEP DETAILED COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. The information you submit to the Board may ultimately be subject to disclosure as a public record.