

Change of Address

Board of Accountancy Washington State



Individuals

Certificate/License #: _____

Last Name	First Name	Middle Name	Suffix
Mailing Address		City/State/Zip Code	
		Country	
Daytime Phone Number	Email Address	Date of Birth	SSN
()			

Firms

Firm #: _____

Main Office Branch Office

Firm Name	Contact Person
Mailing Address	City/State/Zip Code
	Daytime Phone Number
	()
Email Address	Website Address

Be advised that your e-mail address is **not** considered by the agency or the Board to be your **official Address of Record**. Your mailing address is your Address of Record per Board rule, and you are required to update your Address of Record with the Board within 30 days if it changes.

Fax to: (360) 664-9190

Email to: customerservice@cpaboard.wa.gov

Print and Mail to: PO Box 9131, Olympia WA 98507

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

The Board is required to comply with the Public Records Act Chapter 42.56 RCW. This Act establishes a strong state mandate in favor disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.