



500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-2241
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY	
LICENSE TYPE	1101
TRANSACTION TYPE	8015
FILE NUMBER	
ENTITY NUMBER	
APPLICATION NUMBER	
AMOUNT PAID	

DUPLICATE WALL CERTIFICATE

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:

Attn: Tennessee State Board of Accountancy
The Department of Commerce & Insurance
500 James Robertson Parkway
Nashville, TN 37243

Section One: Applicant Identification and eligibility verification

Name of Applicant: _____
Last First Middle

Are you currently licensed? Yes/No _____ If Yes, License Number _____

Social Security Number OR Federal EIN _____

Mailing Address _____

City State Zip Code

Contact Phone Number: _____

Email Address: _____



State of Tennessee
Department of Commerce and Insurance
Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243-1141
615-741-2550 or 888-453-6150
www.tn.gov/commerce/boards/tnsba

AFFIDAVIT FOR LOST CERTIFICATE

Printed Name

Address

City, State, Zip

I, _____ Certificate Number _____,
do hereby advise the Tennessee State Board of Accountancy that my certificate has been lost.

Please furnish a replacement for the enclosed **fee of \$25.00**. The name on the certificate

should read as _____

Affiant Signature

Date

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature My Commission Expires _____