



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	

### NEW WALL CERTIFICATE—NAME CHANGE

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  
[tn.gov/commerce/section/accountancy](http://tn.gov/commerce/section/accountancy)

## REQUEST FOR NAME CHANGE

\_\_\_\_\_  
Current Name on Certificate

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

As indicated on the attached documentation (**either a certified copy or a photocopy which has been notarized indicating a true and exact copy of an original document\***), my name has been legally changed to:

\_\_\_\_\_.

Please make that change in my Tennessee Accountancy Licensing Records.

- \_\_\_\_\_ I am requesting a new wall certificate and have enclosed my original wall certificate and **payment of a \$25.00** duplicate certificate fee. (1)
- \_\_\_\_\_ I am not requesting a new wall certificate.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

**\*Neither certified or original copies of documents will be returned.**

**\*Please note that the copy of document indicating the name change must be notarized as being a true and exact copy of the original name change document.**

**(1) A licensee may only have one certificate**