

# CPA FIRM CHANGE OF ADDRESS FORM

Tennessee State Board of Accountancy  
500 James Robertson Pkwy  
Davy Crockett Tower  
Nashville, Tennessee 37243-1141

Rule 0020-3-.16 requires licensees to notify the Board of a change of address or employment within 30 days. A fee of \$25.00 should accompany this change form if 30 days have passed without notification.

FIRM NAME \_\_\_\_\_ PERMIT # \_\_\_\_\_

Resident Manager \_\_\_\_\_

When did your address change? \_\_\_\_\_  
MONTH DAY YEAR

The Board maintains two addresses in your file. **All mail correspondence will be sent to the mailing address you specify below.**

<b>NEW PHYSICAL ADDRESS:</b>
ADDRESS _____ CITY STATE ZIP
PHONE ( ) - _____ E-MAIL _____
FAX ( ) - _____
<b>NEW MAILING ADDRESS:</b> Same as PHYSICAL ADDRESS _____
ADDRESS _____ CITY STATE ZIP
PHONE ( ) - _____ E-MAIL _____
FAX ( ) - _____

Has the ownership of the firm changed? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please submit a completed "Ownership/Employee Form" found at:  
[tn.gov/content/dam/tn/commerce/documents/regboards/accountancy/forms/AccountFirmOwnership.pdf](http://tn.gov/content/dam/tn/commerce/documents/regboards/accountancy/forms/AccountFirmOwnership.pdf)

\_\_\_\_\_  
SIGNATURE  
Revised 03/11/2014

\_\_\_\_\_  
DATE  
RDA