



IDAHO STATE BOARD OF ACCOUNTANCY
 PO Box 83720
 Boise ID 83720-0002
 Phone (208) 334-2490 Fax (208) 334-2615
 E-Mail: isba@isba.idaho.gov
 Web Site: www.isba.idaho.gov

IDAHO STATE BOARD OF ACCOUNTANCY - AFFIDAVIT FOR CHANGE OF NAME

- 1) Complete this form,
- 2) Include legal documentation of the name change,
- 3) Include copy of photo identification,
- 4) Return the form to the Board office.
- 5) If licensed, you must surrender your current wallet card.

Records will not be changed without legal documentation.

_____ (Present name-print or type) _____ (Social Security Number)

States that on the _____ day of _____, 20____, his/her name was changed for the reason indicated.

_____ Marriage to _____

_____ Divorce from _____

_____ Other (Please explain) _____

and that prior to the change, his/her name was _____ and that he/she is the person who:
 (Prior Name – Print or Type)

(Check One)

_____ is licensed as a CPA or LPA (circle one) in Idaho with license number _____.
 (If currently licensed, you must return your current wallet card. A replacement will be issued)

_____ has made application for licensure as a Certified Public Accountant in Idaho.

_____ has made application to sit for the Uniform CPA Examination.

_____ Signature

Mailing Address

Alternate Address

In Care of: _____

Street1: _____

Street 2: _____

City, State, Zip: _____

E-mail Address: _____

_____ Home Phone _____ Work Phone _____ Cell Phone _____ Fax