



IDAHO STATE BOARD OF ACCOUNTANCY
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 E-Mail: isba@isba.idaho.gov
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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 discontinue use of your current wallet card. A replacement will be issued.

STATE OF _____) COUNTY OF _____)

 (Present name-print or type)

 (Last 4 digits of 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:
 (Check One) (Prior Name – Print or Type)

_____ is licensed as a CPA or LPA (circle one) in Idaho with license number _____.

_____ 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: _____

Street 1: _____

Street 2: _____

City, State, Zip: _____

E-Mail: _____

 Home Phone

 Work Phone

 Cell Phone

 Fax