

Notice of Address Change Form

Full Name: _____
Certificate Number: _____
Home Address: _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Firm/Business Name: _____
Business Address: _____
City: _____ State: ____ Zip Code: _____
Business Phone: _____
Signature: _____
Date: _____ Preferred Address: Home Business

3-02-02-06. Change of address notification.

CPAs, LPAs, and permit holders are required to notify the board of address changes within thirty days of such change.

North Dakota State Board of Accountancy, 215 N 3rd St, Ste 202C, Grand Forks, ND 58203
Email: pdemaster@nd.gov