



## Change of Contact Information Form

### NAME CHANGE OR CORRECTION

<b>Former</b>		
First name:	Middle name:	Last name:
<b>New</b>		
First name:	Middle name:	Last name:
Effective date of change: _____		

Legal documentation must be included as support for a name change.

### CONTACT INFORMATION CHANGE OR CORRECTION

Street address:		Phone:	
City/State:		Email address:	
ZIP code:		Fax number:	
Province:		Country:	

Effective date of change: \_\_\_\_\_

#### AUTHORIZATION

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For CPA licensees:** A change to your CPA firm that requires an amendment with Virginia's State Corporation Commission or a change in legal entity or ownership, contact the VBOA at [boa@boa.virginia.gov](mailto:boa@boa.virginia.gov) or (804) 367-0495.

Fax to (804) 527-4409 or mail to the VBOA, 9960 Mayland Drive, Suite 402, Henrico, VA 23233. Do not email this form. The VBOA is not responsible for sensitive information transmitted electronically.