



## Change of Contact Information Form

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

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### NAME CHANGE OR CORRECTION

Former

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

New

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

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

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

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### CONTACT INFORMATION CHANGE OR CORRECTION

Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Email address: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

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

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### AUTHORIZATION

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

**For CPA firms:** If a change to your CPA firm requires an amendment with Virginia's State Corporation Commission or a change in legal entity or ownership, contact the VBOA by email at [boa@boa.virginia.gov](mailto:boa@boa.virginia.gov) or by phone at (804) 367-8505.