

Georgia State Board of Accountancy

Information Change Request Form

- Address change - Name, date of birth, old address, new address, and signature required.
- Name change - Previous name, date of birth, new name, legal documentation (copy of marriage certificate, divorce decree, or court document) and signature required.
- Employer/Employee change – Name, address, phone number and signature required.

You may mail, fax or email this form to the GSBA Board Office. **Fax: 770-342-7154** or **Email: gsba@sao.ga.gov**

GSBA, 200 Piedmont Avenue, West Tower Suite 1604, Atlanta, Georgia 30334-9010

***=Required regardless of other changes.**

INFORMATION CURRENTLY ON LICENSE RECORD

*Name: _____		
First	MI	Last/Surname
*Date of Birth: _____		*ACF/CPA License #: _____
Address: _____		
Apt: _____	Phone #: _____	
City: _____	State: _____	
Zip Code: _____	Country/Province: _____	
Email: _____		

NEW INFORMATION

*Name: _____		
First	MI	Last/Surname
*Date of Birth: _____		*ACF/CPA License #: _____
Address: _____		
Apt: _____	Phone #: _____	
City: _____	State: _____	
Zip Code: _____	Country/Province: _____	
Email: _____		

*Requestor Signature

*Date

FOR OFFICE USE ONLY

Change made by _____ Date _____