



OREGON BOARD OF ACCOUNTANCY Address Change Form

Please complete only those sections that require change

Preferred mailing address: Home Work PO Box

NAME: _____ License # _____ Exam Candidate

HOME: _____
Address City/State/Zip

Home phone

Cell phone

Email

WORK: _____
Firm/Business name

Address

City/State/Zip

Work phone

Fax number

Email

MAILING (if not home or work):

Address or PO Box

City/State/Zip

While a PO Box may be used for mailing, licensees and candidates are required to provide a physical home address to the Board. If a work address is available, it must also be provided to the Board. Licensees are required to notify the Board within 30 days of a home or work address change.

This form should be printed and sent to the Oregon Board of Accountancy:

Email:
Boa.info@oregon.gov

Fax:
503-378-3575

Mail:
200 Hawthorne Ave SE Ste D450
Salem OR 97301-5289