IDAHO STATE BOARD OF ACCOUNTANCY
PO Box 83720
Boise ID 83720-0002
Phone (208) 334-2490 Fax (208) 334-2615
E-Mail: annette.aleto@isba.idaho.gov
Web Site: www.isba.idaho.gov

IDAHO STATE BOARD OF ACCOUNTANCY - AFFIDAVIT FOR CHANGE OF NAME

1) Complete this form,
2) Include legal documentation of the name change,
3) Include copy of photo identification,
4) Return the form to the Board office.
5) If licensed, you must surrender your current wallet card.

Records will not be changed without legal documentation.

_____ _____
(*Present name-print or type*) *(Social Security Number)*

States that on the _____day of _____, _____, his/her name was changed for the reason indicated.

☐ Marriage to _____

☐ Divorce from _____

☐ Other (Please explain) _____

and that prior to the change, his/her name was _____ and that he/she is the person who:
(Prior Name – Print or Type)

(Check One)

☐ is licensed as a CPA or LPA (circle one) in Idaho with license number _____.
(If currently licensed, you must return your current wallet card. A replacement will be issued)

☐ has made application for licensure as a Certified Public Accountant in Idaho.

☐ has made application to sit for the Uniform CPA Examination.

_____
Signature

_____
Address

_____
City, State, Zip

_____
Phone

_____
E-Mail

Revised 11/08