

Address Change Form

Complete this section if changing the mailing address:

Name of Licensee		Name of Firm/CPE Sponsor	
Personal License # 20CC0?????00 20CP0?????00 20CS0?????00 20CR0?????00		Firm Registration # 20CB0?????00 20CZ0?????00 CE Sponsor # 20CE0?????00	
Old Mailing Address		Old Mailing Address	
Current Mailing Address		Current Mailing Address	

Complete this section if changing the Address of Record*:

Name of Licensee		Name of Firm/CPE Sponsor	
Personal License # 20CC0?????00 20CP0?????00 20CS0?????00 20CR0?????00		Firm Registration # 20CB0?????00 20CZ0?????00 CE Sponsor # 20CE0?????00	
Old Address of Record		Old Address of Record	
Current Address of Record		Current Address of Record	

* The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests. If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

You may fax this form to 973-648-2855 or mail it to NJ State Board of Accountancy, PO Box 45000, Newark, NJ 07101.