

# Name Change/ Wall Certificate Replacement

## Oregon Board of Accountancy

3218 Pringle Rd SE #110 (503)378.4181  
Salem, OR 97302-6307 <http://oregon.gov/boa/>

### PERSONAL INFORMATION:

Name (as currently registered with the Board) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_ License # \_\_\_\_\_

### NAME CHANGE (No fee required if not requesting a replacement wall certificate in new name):

New Name (as you wish it to appear in Board records): \_\_\_\_\_

Submit documentation supporting the change of your name, e.g. marriage license, divorce decree, order of legal name change, etc., AND front & back of Drivers License.

### REPLACEMENT WALL CERTIFICATE:

Your *original* wall certificate must be mailed back to the Board office with this request unless the document was lost, stolen or destroyed. If your certificate or license is in a lapsed status, a replacement wall certificate cannot be issued.

Name as you wish it to appear on wall certificate: \_\_\_\_\_

Size Preference: 11x14 \_\_\_\_\_ 16x20 \_\_\_\_\_

Reason for replacement: \_\_\_\_\_ Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Name Change \_\_\_\_\_ Destroyed (Fire, Flood, etc) \_\_\_\_\_ Other \_\_\_\_\_

Please explain in detail the reason for replacement:  
\_\_\_\_\_  
\_\_\_\_\_

**FEE: \$15.00**

### AFFIDAVIT OF APPLICANT:

I certify that all statements, answers, and representations on this form are true, complete and accurate. I further certify and agree that I will immediately return my lost or stolen wall certificate to the Oregon Board of Accountancy, should the license or wall certificate be found, or report its whereabouts should it become known to me.

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

### CHECKLIST:

- \_\_\_\_\_ I have enclosed documentation supporting my name change (marriage license, divorce decree, order of legal name change)
- \_\_\_\_\_ I have enclosed my original wall certificate for cancellation unless the document was lost, stolen or destroyed
- \_\_\_\_\_ I have provided all required information on the above application and signed the affidavit
- \_\_\_\_\_ I have enclosed a copy of the front and back of my drivers license
- \_\_\_\_\_ I have attached the \$15 fee (if required)

Please be advised that the Oregon Board of Accountancy is required to comply with the Public Records Law, Chapter 192. This law requires a strong mandate in favor of disclosure of public records. As such, the information you submit to the Board, including personal information, may ultimately be subject to disclosure as a public record.

# Credit/Debit Card Payment Authorization Form

## DO NOT SEND THIS FORM WITHOUT ATTACHING THE APPLICATION

I authorize the Oregon Board of Accountancy to charge my Credit/Debit card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error.

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Cardholder's Information: Please PRINT and provide ALL information.**

Charge Amount:     \$ \_\_\_\_\_     Visa OR MasterCard     Exp Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Cardholder Name (as it appears on the card): \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_  
Street, Apartment #

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip Code

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:** Oregon Board of Accountancy, 3218 Pringle Rd SE #110, Salem OR 97302  
Questions? Please call 503-378.2235 or 503-378-2268

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**If paying by Check  
Make check payable to Oregon Board of Accountancy and Mail to:  
Board of Accountancy  
Unit 05  
PO Box 4395  
Portland, OR 97208-4395**

**DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM**