



# 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@boa.oregon.gov](mailto:Boa.info@boa.oregon.gov)

**Fax:**  
503-378-3575

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