



# Firm Address Change Form

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

Firm # \_\_\_\_\_ Date: \_\_\_\_\_

Person Requesting Change: \_\_\_\_\_ Contact # \_\_\_\_\_

*Please complete only those sections below that require change*

Managing Partner: \_\_\_\_\_

Physical Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Apply address change to all licensed employees

Apply only to employees on attached list



\_\_\_\_\_  
Owner/Managing Partner

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

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

**Email:**  
[Boa.info@oregon.gov](mailto:Boa.info@oregon.gov)

**Fax:**  
503-378-3575

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