

Oregon Board of Accountancy
Name Change/Wall Certificate Replacement

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

phone 503-378-4181

<http://oregon.gov/boa/>

PERSONAL INFORMATION:

Name (as currently registered with the Board) _____

Address _____

Daytime Phone _____ License # _____ N/A

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

Submit documentation supporting the change of your name (e.g. marriage license, divorce decree, order of legal name change, etc) **AND** front & back of Driver's License that includes your new name.

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

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: _____

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 driver's 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.

Clerk	Date Proc	SEQ	Batch	Last4
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Credit/Debit Card Payment Authorization Form

DO NOT SEND THIS FORM WITHOUT ATTACHING THE NAME CHANGE FORM AND SUPPORTING DOCUMENTATION

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.

CARDHOLDER'S INFORMATION: (Please **PRINT** and provide **ALL** information.)

Charge Amount: **\$ 15.00** VISA OR MasterCard

Card Number:

Expiration Date:

CVC (3-digit number):

Cardholder Name (as it appears on the card):

Cardholder Billing Address:

Street/ Apartment #

City

State

Zip Code

Daytime Phone Number



Cardholder's Signature—**REQUIRED**

Date

If paying by **Check**, make check payable to:
Oregon Board of Accountancy

MAIL TO:

Oregon Board of Accountancy
Unit 05
PO Box 4395
Portland, OR 97208-4395

If paying by **Credit Card**, you may mail or fax to:
Oregon Board of Accountancy
200 Hawthorne Ave SE Ste D450
Salem, OR 97301-5289

OR

FAX: 503-378-3575

DO NOT EMAIL CREDIT CARD INFORMATION