

**State of Florida  
Department of Business and Professional Regulation  
Board of Accountancy  
CPA Request for Name/Address Change  
Form # DBPR CPA 8**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

**APPLICATION REQUIREMENTS**

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Name Change with Issuance of Updated License       | <b>\$25.00 fee</b> |
| <input type="checkbox"/> Address Change with Issuance of Updated License    | <b>\$25.00 fee</b> |
| <input type="checkbox"/> Request Duplicate License                          | <b>\$25.00 fee</b> |
| <input type="checkbox"/> Request Duplicate Wall Certificate                 | <b>\$25.00 fee</b> |
| <input type="checkbox"/> Address Change without Issuance of Updated License | <b>no fee</b>      |
- Make check payable to the Florida Department of Business and Professional Regulation.

**Applicants applying for a Name Change must also submit:**

- Supporting legal documentation of name change (e.g. Court documents showing name change, marriage license, divorce decree, etc.)

**Please mail your completed application, documentation and required fee(s) to:**

Department of Business and Professional Regulation  
2601 Blair Stone Rd  
Tallahassee, FL 32399-0783

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Accountancy**  
**CPA Request for Name/Address Change**  
**Form # DBPR CPA 8**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**. **For additional information see the Instructions at the end of this application.**

**Section I – Transaction Type**

TRANSACTION TYPES			
<input type="checkbox"/> <b>Name Change and/or Address Change with Issuance of Updated License – Fee \$25.00</b> [8001]			
<input type="checkbox"/> Change Name	<input type="checkbox"/> Change Physical Address	<input type="checkbox"/> Change Mailing Address	
<input type="checkbox"/> <b>Name Change and/or Address Change without Issuance of Updated License – No Fee</b> [9006]			
<input type="checkbox"/> Change Name	<input type="checkbox"/> Change Physical Address	<input type="checkbox"/> Change Mailing Address	
<input type="checkbox"/> <b>Request Duplicate License – Fee 25.00</b> [8001]			
<input type="checkbox"/> <b>Request Duplicate Wall Certificate – Fee \$25.00</b> [8004]			

**Section II – Applicant Information**

APPLICANT INFORMATION			
License/Permit Number:			
Last/Surname	First	Middle	Suffix
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
PHYSICAL ADDRESS			
Street Address			
City	State	Zip Code (+ 4 Optional)	
County		Country	
MAILING ADDRESS			
Street Address			
City	State	Zip Code (+ 4 Optional)	
County		Country	

\* The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

**Section III – Affirmation by Written Declaration****AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature:

Date:

Print Name:

## Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

### 1. Information

- a. For the “Name change with Issuance of Updated License,” “Address Change with Issuance of Updated License,” and “Request Duplicate License” transactions:
  - i. These transactions require DBPR to mail a new hard copy of the application’s license with the updated information.
  - ii. Once the applicant receives the new license, he/she should destroy the old license.
  - iii. These transactions require a fee in the amount of \$25.00.
  - iv. Make checks payable to the Florida Department of Business and Professional Regulation.
- b. **Note: You may update both your name and address information at the same time by submitting fees in the amount of \$25.00 and selecting the following transactions:**
  - i. Name change with issuance of updated license; **AND**
  - ii. Address change

### 2. Application Instructions by section

#### a. Section I – Transaction Type

- i. **Name Change and/or Address Change with Issuance of Updated License**
  - a. Select this transaction if you need to update your name, physical address, and/or mailing address information.
  - b. You will receive a new license showing your updated name and/or information.
  - c. There is a \$25.00 fee for this transaction.
- ii. **Name Change and/or Address Change without Issuance of Updated License**
  - a. Select this transaction if you need to update your name, physical address, and/or mailing address information.
  - b. You will not receive a new license showing your updated address information.
- iii. **Request Duplicate License/Permit**
  - a. Select this transaction if you need to request a duplicate license.
  - b. There is a \$25.00 fee for the duplicate license.
- iv. **Request Duplicate Wall Certificate**
  - a. Select this transaction if your wall certificate is lost, stolen or destroyed.
  - b. There is a \$25.00 fee for the duplicate wall certificate.
  - c. You are required to return the old wall certificate. If you cannot return the certificate send a notarized statement explaining the circumstances.

#### b. Section II – Applicant Information

- i. Enter your license/permit number.
- ii. Enter your name exactly as it is shown on your current license.
- iii. Provide a valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
- iv. Provide your physical address.
- v. Provide your mailing address.

#### c. Section III – Affirmation by Written Declaration

- i. The applicant must sign and date the affirmation by written declaration.