NH Office of Professional Licensure
& Certification – Technical Division
CHANGE OF ADDRESS FORM
Board of Accountancy

Name _____

Last First Middle

Names Previously Used (if applicable)_____

Profession _____ License Number#_____

☐ Residence Address _____

zip code

Business Name _____

☐ Business Address_____

Indicate mailing address by check box zip code

Business Phone _____ Home Phone_____

Email:_____ Signature:_____

Please mail form to: NH Office of Professional Licensure & Certification – Technical Division,
121 South Fruit Street, Suite 201 Concord, NH 03301
Or email to kimberly.ware@nh.gov or fax to 603-271-7928