

**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 [dawn.couture@oplcnh.gov](mailto:dawn.couture@oplcnh.gov) or fax to 603-271-7928