

**California Board of Accountancy**2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov

Name Change Form

Exam Candidate. Send to examinfo@cba.ca.gov.Licensing Applicant. Send to licensinginfo@cba.ca.gov.CPA Licensee.¹ Send to renewalinfo@cba.ca.gov.

Name: _____

Former Name: _____

Unique Identifier Number: _____ OR CPA License Number: _____

Current Email: _____ Phone Number: _____

Reason for Name Change:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Marriage | <input type="checkbox"/> Dissolution of Marriage |
| <input type="checkbox"/> Naturalization | <input type="checkbox"/> Other: _____ | |

You must submit a copy of the official documentation that verifies your name change, such as a court order, divorce decree, marriage certificate, or naturalization paper with this form. Do not send a copy of your driver's license or social security card.

I hereby certify that all the statements, answers, and representations on this form are true, complete, and accurate.

Signature_____
Date

CPA licensees: A new Pocket ID will be mailed at no charge to your address of record on file with the CBA. If you wish to request a wall certificate with your new name, please submit the [Wall Certificate/Pocket ID Request Form \(11L-7a\)](#) to licensinginfo@cba.ca.gov.

¹ **CPA licensees:** Your former name will appear on the CBA website as an alias. If you wish to file a Name and Gender Change Notification and Request for Confidentiality, please visit https://www.dca.ca.gov/licensees/namegender_change.shtml