## **Firm Registration Change Form**

Complete this section if changing the name of the CPA Firm:

Previous Firm Name		Firm Registration # 20CB00????00 or 20CZ00????00	
Current Firm Name			_
Supporting Documents Req	uired for Firm Name Change:		
☐ Sample Letterhead			
	icate from the <b>New Jersey Division of Rev</b> el partnership, or limited liability company)	enue (required only if fi	rm is a legal entity such as a
☐ Check/Money Orde	er in the amount of \$25.00 ( <b>only needed if</b> t	new Registration is des	ired)
Complete this section if ch	anging the name of the CPA Firm's Reside	nt Manager*:	
Complete this section if ch	anging the name of the CPA Firm's Resider	nt Manager*:	
Complete this section if ch  Previous Resident Manager Name	anging the name of the CPA Firm's Reside	nt Manager*: Personal License #	

\*The CPA Firm's Resident Manager is the licensed CPA that is responsible for responding to the NJ State Board of Accountancy's inquiries.

You may fax this form to 973-648-2855 or mail it to NJ State Board of Accountancy, PO Box 45000, Newark, NJ 07101.