



Arkansas State Board of Public Accountancy

900 West Capitol, Suite 400 • Little Rock, AR 72201

phone (501) 682-2575 • fax (501) 682-5538 • www.arkansas.gov/ASBPA

Notification of Firm Name Change

Entity License Number

New Entity Name

Old Entity Name

Current Business Address

(____) ____ - ____
Phone

(____) ____ - ____
Fax

E-mail

Officer/Partner (Print)

Signature

Date

Please enclose the \$40 name change fee, the old wall certificate, or Affidavit of Understanding, and the amended Articles of Incorporation.

Include the Ownership Disclosure form if there is a change in ownership.

If you need an entity (Partnership to Corporation, etc.) change do not complete this form. Contact the ASBPA



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Ownership Disclosure Form

Firm Name: _____ (

Please list all members/shareholders/partners. Make additional copies as necessary.

Last Name, First Name	Certificate Number	State of Issuance	Active pursuant to Rule 7.3a? Y/N	Non-Licensed CPA? Y/N	Class of Membership/ Ownership	Voting rights Y/N	Percent Ownership	% of Profits
Totals - should equal 100%								

Signature of Partner/Member/Shareholder _____ Date _____