



ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY

101 East Capitol, Suite 450 Little Rock, AR 72201

Phone (501) 682-1520 Fax (501) 682-5538

www.arkansas.gov/asbpa

Fee: \$40

NON-REFUNDABLE

APPLICATION FOR FIRM NAME CHANGE

This form is for firms that are changing names only – if changing the legal form of the firm, please contact the Board.

Firm License # _____

Current Firm Name: _____

New Firm Name: _____

Name change requests must be accompanied by a copy of name change documentation from Secretary of State's office, if applicable.

Please send the wall certificate containing the old firm name and a check to the Board for \$40. A new certificate will be sent after the name change has been approved.

I hereby certify that all statements and information including all supporting documents are true, accurate and correct to the best of my knowledge and belief.

Firm Owner / Partner

Date