



ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY

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

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

[www.arkansas.gov/asbpa](http://www.arkansas.gov/asbpa)

**Fee: \$40**  
**NON-REFUNDABLE**

APPLICATION FOR FIRM NAME CHANGE

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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*