SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 East 14th Street, Suite 200, Sioux Falls, SD 57104

Tel: 605.367.5770 Fax: 605.367.5773 accountancy.sd.gov

CHANGE OF CONTACT INFORMATION

SDCL: 36-20B-29 requires holders of certificates to notify the Board within 30 days of a change of address or in employment.

Mail from the Board office does not forward.

It is also important to report other significant changes in your practice, such as name changes, personnel changes, and partner changes.

Certificate Holder: _____ _____ _____

Last name First Middle

Certificate #: _____

Send Mail to: ☐ Home ☐ Business

E-mail address: _____

New Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

CPA Firm/Employer Name: _____

New Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Telephone: _____

Employer Fax: _____

Mail to: SD Board of Accountancy
301 E. 14th St. Suite 200
Sioux Falls, SD 57104

Fax to: 605.367.5773
Email to: accountancy@state.sd.us

Open this form in an Adobe reader to complete or print. Changes made in your internet browser will not save.