

Illinois Board of Examiners

Revised 11/2006

REQUEST FOR: Duplicate CPA Certificate

Mailing Address: 100 Trade Centre Drive, Suite 403 • Champaign IL 61820-7233 • 217-531-0950

• Toll free (U.S.) 866-782-7230 • FAX 217-531-0960 • Web address: <http://www.ilboa.org> • E-mail: help@ilboa.org

Complete this form and forward to the Illinois Board of Examiners. There is a **\$30.00** fee for a duplicate CPA certificate. Please make your check payable to Board of Examiners. Checks must be drawn on U.S. funds from a U.S. bank. Please do not send cash.

If your name has changed since your original certificate was issued, we must have documentation of your name change such as a marriage license, divorce decree, court order, etc. Attach documentation to this form. We cannot process your request without it. Please be advised that the name on your CPA certificate should reflect your legal name and that under which you will practice and present yourself to the public.

Name _____
First Middle Family/Last Previous name(s)

Name change documentation attached: Yes

Current mailing address _____
Street or P.O. Box City

State/Province/Country Zip/Postal Code

Daytime phone: _____ Email: _____

Date of Birth _____ U.S. Social Security number (optional) _____

Certificate Number _____ Date of Issue _____

Name to appear on certificate _____
First Middle Family/Last Suffix (Jr. Sr. III, etc.)

Please send the certificate to the following address (if different from above):

Address _____

Signature _____

Date _____

Please allow 4-6 weeks for the printing and delivery of the certificate. Thank you.