


**CALIFORNIA BOARD OF ACCOUNTANCY**

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## Uniform CPA Exam Applicant Section Change Request Form

This form is to be submitted by Uniform CPA Examination candidates requesting CPA Exam section selection changes to their current Authorization to Test (ATT). **PLEASE NOTE:** You may only use this form if you have **NOT** paid NASBA for the section fee(s), and your payment coupon is still valid for a minimum of five business days.

Please complete and return this form to the California Board of Accountancy. To avoid unnecessary delays, please allow Board staff to make the exam section changes to your online Client Account. When the process is complete, a new payment coupon will be issued by NASBA. Please allow 10 business days for this process to be completed.

Name \_\_\_\_\_

Unique ID \_\_\_\_\_

Remittance Number \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Please indicate all sections currently on your ATT.

\_\_\_\_\_ Auditing and Attestation (AUD)

\_\_\_\_\_ Financial Accounting and Reporting (FAR)

\_\_\_\_\_ Regulation (REG)

\_\_\_\_\_ Business Environment and Concepts (BEC)

Please indicate ALL sections you would like selected.

\_\_\_\_\_ Auditing and Attestation (AUD)

\_\_\_\_\_ Financial Accounting and Reporting (FAR)

\_\_\_\_\_ Regulation (REG)

\_\_\_\_\_ Business Environment and Concepts (BEC)

I understand I am authorizing California Board of Accountancy staff to make the above changes to my online Client Account. I also understand I only can use this form if I have not paid NASBA the section fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** California Board of Accountancy, 2000 Evergreen Street, Suite 250, Sacramento, CA 95815-3832

Or

**FAX to:** (916) 263-3677

For Board Use Only

Date Cancelled \_\_\_\_\_ Processed By \_\_\_\_\_

Date Sections Selected \_\_\_\_\_