



California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



WALL CERTIFICATE/POCKET ID REPLACEMENT REQUEST FORM

Please type or legibly print the following information and sign below:

Name
CPA/PA License No. Daytime Telephone No.
Firm Name
Firm License No. Daytime Telephone No.

If your license is in a delinquent or cancelled status, a replacement Pocket ID cannot be issued.

Check the appropriate box and submit the correct fee with this form.

Wall Certificate - \$10.00
Pocket ID - \$2.00

Reason for Replacement:

Destroyed (Fire, Flood, etc.) Name Change Other
Lost Stolen

Explain in detail the circumstances and the reason for the replacement:

If you are requesting a new name on your CPA/PA Wall Certificate or Pocket ID, you must include a Name Change Form with required documentation, unless you have already changed the name with the Board. Firms must use a Partnership or Corporation Name Change Form. Fictitious Name Changes must be submitted on a Fictitious Name Application.

I submitted a Name Change Form on this date:

The California Board of Accountancy will mail a new Wall Certificate to your address of record in approximately 120 days and a new Pocket ID in four to six weeks.

I hereby certify under penalty of perjury under the laws of the state of California that all statements, answers, and representations on this form are true, complete, and accurate.

Licensee Signature Date

For Office Use Only
Date Processed: Processed By:
Date Wall Certificate Ordered: Date Pocket ID Ordered:

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WALL CERTIFICATE/POCKET ID REPLACEMENT REQUEST FORM INSTRUCTIONS

1. The Wall Certificate/Pocket ID Replacement Request Form may be used by:
 - CPA licensees.
 - Accountancy firms.
2. Use this form if you need to replace your Wall Certificate or your Pocket ID. Indicate the reason for the replacement by checking the appropriate box on the form. **If your license is in a delinquent or cancelled status, a replacement Pocket ID cannot be issued.**
3. If you are requesting a new name on your Wall Certificate or Pocket ID, you must include a Name Change Form with required documentation, unless you have already changed your name with the Board.
4. Do **NOT** use this form to change a firm name or a fictitious name. Partnership and Corporation Name Change applications are available at www.dca.ca.gov/cba/licensees/index.shtml Fictitious Name Changes must be submitted on a Fictitious Name Application, which is available at the above location on the Board's Web site.
5. The signature of the licensee is required on the Wall Certificate/Pocket ID Replacement Request Form.
6. Mail this form with the appropriate fee to:

California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833
7. The Board will mail a new Wall Certificate to your address of record in approximately 120 days and a new pocket ID in four to six weeks.

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant/Public Accountant License Renewal. Sections 5009, 5026 through 5029, 5060, 5070 through 5079, and 5150 through 5158 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.