

For Board Use Only

FeePaid _____

Date _____

Receipt# _____

Applicant # _____



For Board Use Only

DateOrdered _____

DateReturned _____

DateProofed _____

Date Mailed _____

GEORGIA STATE BOARD OF ACCOUNTANCY

200 Piedmont Avenue, Suite 1604 West Tower – Atlanta, Georgia 30334 – (404) 463-0365

<http://www.sao.georgia.gov/gsba/>

APPLICATION FOR WALL CERTIFICATE

- You **may not** order a wall certificate until **after** you have been licensed.
- Fee of \$50.00 must accompany application, please allow 6-8 weeks to receive your wall certificate (size 11”X13”).
- If you are requesting a name change, you must attach copy of legal documentation for Board records.

PLEASE TYPE OR PRINT LEGIBLY

License Type ☐ Certified Public Accountancy

I was issued License No. _____ by the Board on _____
Month Day Year

NAME (As it will appear on certificate):

(First)

(Middle)

(Last)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____

E-MAIL ADDRESS _____

Signature _____

Date _____