MINNESOTA BOARD OF ACCOUNTANCY

85 East 7th Place, Suite 125, St. Paul, MN 55101-2143
Ph: 651-296-7938 • Email: boa@state.mn.us • boa.state.mn.us

SOLE PROPRIETOR FIRM NAME CHANGE REQUEST

- All firm name changes must comply with MN Rules 1105.6300 and 1105.6400 and must be approved by the Board before implementation or renewal. **Do not submit a firm renewal under the new name until the Board approves the name.**
- If your firm's legal form is changing, don't use this form; instead submit a new Firm Registration Form.
- You may mail (see address above) or email this form to boa@state.mn.us. Put "SP Firm Name Change Request" and your firm permit number in the subject line.

Current Firm Information

Firm Name _____ Firm Permit # _____

Primary Firm Address _____

City _____ State _____ Zip _____

Contact Name _____ Contact Phone _____

Proposed Changes

Proposed Firm Name _____

Is your firm's legal form changing? ☐ No ☐ Yes—**If yes, don't use this form; instead submit a new** Firm Registration Form**.**

List the name and complete address of every owner, partner, member, shareholder, director or officer of the firm who resides in or practices in Minnesota. Attach list, if necessary.

Name	Address	City	State	Zip Code

Explain in detail the reason for the change. Attach additional sheets if necessary.

If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

Signature of Sole Proprietor _____ Printed Name _____ Date _____