



# Office of the Secretary of the State Connecticut State Board of Accountancy



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[www.sots.ct.gov](http://www.sots.ct.gov)

## Change of Status Form

<b>Office Use Only</b>
Approved by Board _____
Denied by Board _____
Date ____/____/____
DD MM YY

Firm Permit# _____
License# _____
Certificate# _____

Name _____
Address _____ Phone: _____
City, State and Zip Code _____ Email _____

**License: I am requesting to change my status to one of these:**

- Inactive
- Retired
- Deceased

**Certificate: I am requesting to change my status to one of these:**

- Inactive
- Retired
- Deceased

**Firm: I am requesting to change my status to one of these:**

- Inactive
- Retired
- Owner is Deceased

\*Please feel free to attach additional information/ documentation.

Signature \_\_\_\_\_

Date \_\_\_\_\_