

**West Virginia  
Board of Accountancy**

405 Capitol Street, Suite 908  
Charleston, West Virginia 25301  
(304)558-3557 Fax:(304)558-1325



**Certificate Order Form**

Please complete and return this form with your Application for Certification.

\_\_\_\_\_ I have read and am familiar with the Rules of Professional Conduct (Ethics Rules).

Signature: \_\_\_\_\_

I wish my name to appear on my CPA Certificate as follows: (Please print very legibly)

\_\_\_\_\_

Please indicate where you would like your certificate mailed:

Home                  Work                  Or                  I will pick up my Certificate in person

Please complete the following information for our records:

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Current Employment \_\_\_\_\_

Employment Address: \_\_\_\_\_  
\_\_\_\_\_

Employment Phone: \_\_\_\_\_

Employment Fax: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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