

- 1) Was the applicant ever denied a sitting(s)? If yes, please use Section D of this form to explain
- 2) If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? (Use Section D to explain)
- 3) Number of conditioned credits, if any.
- 4) Date credits expire, if any

YES NO

YES NO

_____ # N/A

SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS

Certificate as a Certified Public Accountant:

- 1. The applicant holds an original reciprocal (check one) CPA certificate number _____ date issued _____ which is in good standing unless otherwise noted in Section D of this form.
- 2. Has the individual completed an ethics examination? YES NO
If yes, was it AICPA _____? State Board prepared _____? Other _____?
Grade _____ Date Completed _____

License/Permit to Practice Public Accounting:

(If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

- 3. The applicant holds a license/permit from this board for the period ending _____ and is currently in good standing in this State. (Please note any exceptions to the above in Section D of this form.)
- 4. The applicant has been licensed to practice in this state as a CPA in four (4) of the previous ten (10) years from _____ (DD/MM/YY) to _____ (DD/MM/YY).
- 5. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance reinstatement:
License/Permit not required _____
Pay appropriate fees and/or post bond _____
Complete acceptable accounting/auditing experience _____
Complete continuing professional education requirements _____
Other (Please specify) _____

SECTION C: ADDITIONAL INFORMATION REQUESTED:

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED:

The information provided herein is correct to the best of our knowledge.

**OFFICIAL
BOARD
SEAL**

Board/Agency

Official Signature

Title

Date