NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY PO BOX 94725 LINCOLN, NEBRASKA 68509-4725

Authorization for Interstate Exchange of Examination and Licensure Information

This form is essential to the application you are filing with this Board. Before your application will be considered for approval, the information requested below must be officially verified by the Board of Accountancy where your examination credits and/or certificate and license status were first established. Please complete the information requested and forward it to that Board of Accountancy where credits and/or status were first established and they, in turn, will complete the remainder of this form and return it to this agency. You are advised to check with that Board before forwarding this form to determine if there are additional requirements, such as fees, to be met before the information will be released.

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):								
Mr.	,	• • • • • • • • • • • • • • • • • • • •	· ,,					
Ms. Mrs.								
LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME					
CURRENT MAILING ADDRESS	CITY	STATE	ZIP CODE					
TELEPHONE: WHERE YOU CAN BE REDURING NORMAL BUSINESS HOURS	ACHED	DATE OF BIRTH	SOCIAL SECURITY NUMBER					
I hereby request and authorize theBoard of Accountancy to provide any and all pertinent information requested in this form to the Nebraska State Board of Public Accountancy to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the AICPA should the need arise.								
APPLICANT SIGNATURE			DATE SIGNED					

SECTIONS A THRU D ARE TO BE COMPLETED ONLY BY THE BOARD OF ACCOUNTANCY

SECTION A; VERIFICATION OF EXAMINATION CREDITS

The following are grades awarded on the Uniform CPA Examination(s) for the applicant as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section D of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Exam was used; or if there is any reason why they should not be accepted.)

(PLEASE LIST ALL GRADES, INCLUDING FAILING, RECORDED FOR APPLICANT)

	,		,					
DATE OF	AICPA							
EXAMINATION	I.D. NUMBE	R AUD (Audit)	BEC (LPR/Law)	FAR (FARE/Theory)	REG (ARE/Practice)	BAR	ISC	TCP
				, , , , , , , , , , , , , , , , , , , ,	,			

1) Was the applicant ever denied a sitting(s)? If 2) If the applicant has not completed the CPA E sitting in your state? (Use Section D to explain) 3) Number of conditioned credits, if any. 4) Date credits expire, if any	YES NO NO YES NO						
SECTION B: CERTIFICATE/LICENSU	JRE (PERMIT) STATUS						
Certificate as a Certified Public Acc	ountant:						
date issued which is in g 2. Has the individual completed an eth	ord prepared? Other?						
License/Permit to Practice Public A	ccounting:						
(If licensing is the responsibility of another agency, please forward and request completion of applicable section.)							
3. The applicant holds a license/permit standing in this State. (Please note any	t form this board for the period endingan y exceptions to the above in Section D of this form.)	d is currently in good					
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).							
issuance reinstatement: License/Permit not required Pay appropriate fees and/or post bond Complete acceptable accounting/audit Complete continuing professional educ	cation requirements	ents to be met for					
SECTION C: ADDITIONAL INFORMA	ATION REQUESTED:						
SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED:							
The information provided herein is corn	rect to the best of our knowledge.						
	Board/Agency						
OFFICIAL BOARD	Official Signature						
SEAL	Title						
	Date						