## 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 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. NUMBER	AUD (Audit)	BEC (LPR/Law)	FAR (FARE/Theory)	REG (ARE/Practice)	BAR	ISC	TCP

1) Was the applicant ever denied a sitting(s)? If y 2) If the applicant has not completed the CPA Exitting in your state? (Use Section D to explain) 3) Number of conditioned credits, if any. 4) Date credits expire, if any	es, please use Section D of this form to explain am, are there any restrictions preventing him/her from	YES NO YES NO HN/A				
SECTION B: CERTIFICATE/LICENSU	RE (PERMIT) STATUS					
Certificate as a Certified Public Acco	untant:					
date which is in good stan  2. Has the individual completed an ethic	d prepared? Other?					
License/Permit to Practice Public Ac	counting:					
(If licensing is the responsibility of anoth	ner agency, please forward and request completion of ap	plicable section.)				
standing in this State. (Please note any 4. If the applicant does not hold a licens issuance reinstatement: License/Permit not required Pay appropriate fees and/or post bond Complete acceptable accounting/auditing Complete continuing professional educations.	ation requirements					
SECTION C: ADDITIONAL INFORMA	TION REQUESTED:					
SECTION D: EXCEPTIONS NOTED O	R EXPLANATIONS OF INFORMATION PROVIDED:					
The information provided herein is corre	ect to the best of our knowledge.					
OFFICIAL	Board/Agency					
BOARD	Official Signature					
SEAL	Title					
	Date					