



- 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

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**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 \_\_\_\_\_ 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. 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