

**NEBRASKA BOARD OF PUBLIC ACCOUNTANCY**

P.O. Box 94725, Lincoln, NE 68509-4725

(402) 471-3595 or (800) 564-6111

www.nbpa.ne.gov

**APPLICATION FOR INACTIVE REGISTRATION**

Section 1-136 of the statutes allows any certificate holder who has not lost his/her right to issuance or renewal of a permit and who is not actively engaged in the practice of public accountancy to file a written application with the board to be classified as inactive. Only individuals who have completed the appropriate experience will be issued a permit to practice or an inactive registration. If renewing a current Inactive Registration, the deadline is June 30.

Application must include fee of \$90 and an original signature. Incomplete applications will be returned unprocessed and deemed not to have been received.

|  |                                  |       |
|--|----------------------------------|-------|
| Certificate #: _____                       | Birth Year: _____ EVEN _____ ODD |       |
| NAME: _____                                |                                  |       |
| Mailing Address: _____<br>Street or PO Box |                                  |       |
| _____                                      | _____                            | _____ |
| City                                       | State                            | Zip   |
| Home Phone: _____                          | Work Phone: _____                |       |
| E-mail Address: _____                      | Fax Number: _____                |       |

**DISCLOSURE STATEMENTS (Pursuant to Section 1-137 of the Public Accountancy Act)**

1. Since the date of your last application, have you been charged or convicted of a felony by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)  
 No.       Yes.
2. Since the date of your last application, have you been charged or convicted of any crime, an element of which is dishonesty or fraud, by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.) *Title 288 Rules, Chapter 6 002*  
 No.       Yes.
3. Since the date of your last application, have you had any application for certification or licensure denied, or any professional or vocational license or membership revoked or suspended, or been named in or subject to other disciplinary action regarding such a license or membership in this state or any other state, or by the United States government? (If yes, please attach a separate page providing details regarding the action taken, by what agency, dates and locations.)  
 No.       Yes.

**PLEASE COMPLETE REVERSE SIDE**

|   |                          |
|---|--------------------------|
| <b>State Board Use Only</b> (1/23) Date Recd. _____ | Check # _____            |
| Rect. # _____                                       | Amt./Code: \$90 (475102) |

4. Since the date of your last application, have you been named in a civil lawsuit or binding arbitration, pertaining to your work as a CPA? (If yes, please attach a separate page providing details regarding the action taken, by what entity, dates and locations.)  
 No.                       Yes.
5. Since the date of your last application, have you had any violation of a court order?  
 No.                       Yes.
6. Since the date of your last application, have you had any civil judgment, civil penalty, or binding arbitration, an element of which judgment, penalty, or award involves dishonesty, fraud, deceit, or misrepresentation? (If yes, please attach a separate page giving disposition, charges, dates and locations.) *Title 288 Rules, Chapter 6 002.*  
 No.                       Yes.

7. List all other states in which you hold a CPA certificate and/or a license:

| STATE     | CPA CERT/LICENSE # | DATE EXPIRED | IN GOOD STANDING             |                             |
|-----------|--------------------|--------------|------------------------------|-----------------------------|
| (1) _____ | _____              | _____        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (2) _____ | _____              | _____        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (3) _____ | _____              | _____        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (4) _____ | _____              | _____        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (5) _____ | _____              | _____        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

8.a. **EMPLOYMENT STATUS**

- I am not employed at all at this time.  
**OR**  I am employed by/at:

8.b. **CPA FIRM STATUS**

- This IS a registered, licensed CPA firm.**  
 **This is NOT a registered, licensed CPA firm.**  
 What type of business is this? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Check one:**  I am an owner/partner/shareholder/member of the above.    **OR**  I am an employee of the above.

9. Do you practice public accountancy in the state of Nebraska?  
 No.                       Yes. (You must have an active permit to do so.)

10. Do you hold yourself out as a CPA in the state of Nebraska?  
 No.                       Yes. (You must have an active permit to do so.)

*Rule reference: Title 288, Chapter 5, Section 007.03; Chapter 3, Sections 001.09 and 001.17*

**ALL APPLICANTS MUST SIGN/DATE FORM & INCLUDE FEE BEFORE RETURNING.**

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that I cannot hold myself out to the public as a practicing CPA, including the display or use of any information to that effect. I also understand and acknowledge that I cannot practice public accountancy nor hold out as a CPA in the state of Nebraska without an active permit to practice.

Date \_\_\_\_\_ Signature \_\_\_\_\_