

**NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY
P.O. Box 94725, Lincoln, NE 68509**

AFFIDAVIT

"INACTIVE - RETIRED" STATUS

I, _____, _____,
(Name) (Address)

_____, _____, _____,
(City, State, Zip) (Certificate #) (Birthdate - M/D/Y)

do hereby desire and apply for "Inactive-Retired" classification of my Nebraska CPA certificate.

I hereby certify and attest through my signature on this Affidavit that I meet the requirements to be classified with the Nebraska Board of Public Accountancy as "Inactive-Retired." I am at least **60 years** of age or older. I also understand that the classification of "Inactive-Retired" of my Nebraska CPA certificate means that I can **not** hold myself out to the Nebraska public as a CPA. If I plan to re-enter public accounting, I understand that I must meet all the requirements for a permit to practice, including active permit fees and Continuing Professional Education (CPE).

I understand that this classification will not be valid until formally approved by the Nebraska Board of Public Accountancy and until I have been given written notification of such classification.

I agree to these terms of the classification of my Nebraska CPA certificate as "Inactive-Retired."

Signature

Date

OFFICE USE ONLY

Received in office: _____

D.O.B. - AGE: _____

Date on Board Mtg. Agenda: _____

Action taken by the Board: _____