

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 **\$70** 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: _____ 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

State Board Use Only (5/14) Date Recd. _____	Check # _____
Rect. # _____	Amt./Code: \$70 (04-7511)

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 _____