

- 1) Was the applicant ever denied admission to the Exam? Yes No
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). Yes No
- 3) Number of subjects with which candidate is credited, if applicable. _____
- 4) Date credits/ grades expire, if applicable: _____

SECTION B: CERTIFICATE/LICENSURE(Permit) STATUS

Certificate as a Certified Public Accountant:

- 1) The applicant holds an original/reciprocal (mark out one) CPA Certificate number _____ dated _____ which is in good standing unless otherwise noted in Section D of this form.
- 2) The individual has completed an Ethics Examination. Yes No
Exam prepared and graded by: Board AICPA Other _____
Grade: _____ Date: _____

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 and is currently in good standing in this State. (Please note any exceptions in Section D) Yes No License Expiration Date: _____
- 4) If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or 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

- 1) Has your Board ever instituted any disciplinary action against the applicant's certificate or permit to practice? (If yes, please explain in Section D of this form.) Yes No

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED (Official Seal and Signature must be affixed to attached sheets if needed to respond to the inquiry)

The information provided herein is correct to the best of our knowledge.

**OFFICIAL
BOARD
SEAL**

Board/Agency

Official Signature

Title Date