

MONTANA BOARD OF PUBLIC ACCOUNTANTS

301 South Park Avenue – 4th Floor

PO Box 200513

Helena MT 59620-0513

Phone: 406-444-6880

Email: dlibsdpac@mt.gov Website www.publicaccountant.mt.gov

INACTIVE STATUS REQUEST FORM

In accordance with ARM 24.201.535, I am requesting my CPA license be placed on inactive status. I hereby state that I hold my license in good standing and I am currently not practicing public accounting.

I understand I can maintain my inactive status by annually renewing the inactive license. I understand it is my responsibility to keep the Board apprised of any change of address or email address.

I affirm the following:

- I may not use the title CPA or CPA (inactive), or practice public accounting in Montana with an inactive license
- My inactive license may be restored to active status by making application, paying the restoration fee, and providing documentation of meeting the CPE requirement.
- I understand I cannot have an inactive Montana license if I am using that license to avail myself of practice privilege in another state.

License # PAC-CPAP-LIC-_____ Permit # PAC-LPAP-LIC-_____

FULL NAME AS APPEARS ON LICENSE _____

ADDRESS: _____

Original Date of licensure _____ Jurisdiction _____

The Board's primary method of communication is by email. Include your preferred email address:

EMAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____