

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

RETIRED STATUS REQUEST FORM

In accordance with ARM 24.201.537, I am requesting my CPA license be placed on retired status. I hereby state that I meet the criteria for retired status:

- I am fully retired from active employment in the practice of public accounting;
- My CPA license is current and in good standing; and
- I am at least 60 years of age or have held a license in good standing for at least 20 years from a substantially equivalent jurisdiction.

I understand I can maintain my retired status by annually renewing the retired 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 understand the scope of limitations on what services I offer;
- I agree not to use the retired status in a way that could be misleading; and
- When offering any permitted volunteer services, I understand I must maintain professional competence even without a specific CPE requirement.

I understand I may use the title CPA (retired) and provide the following volunteer, uncompensated services:

- Tax preparation services;
- Government-sponsored business mentoring programs; and
- Serve on the board of directors for a non-profit organization.

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: _____