

Board of Public Accountants
301 South Park
PO Box 200513
Helena, MT 59620-0513
Renewal Unit
(406) 444-6880

RENEWAL APPLICATION
RETIRED PERMIT TO PRACTICE

PAC-CPAP-LIC-_____

Check For New Address.
Indicate any changes below.

Renewal Fee: \$25.00

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

The Board's primary method of communication with licensees is email. Include your preferred email address

Email Address: _____

Check if this is a new email address

Your retired Montana Permit to Practice lapses January 1st. Expiration and termination is provided by MCA 37-1-141 for failure to renew.

TO RENEW YOUR LICENSE ONLINE GO TO: eBiz.mt.gov/pol (Online transactions must be completed no later than 11:59 PM, Mountain Time on the renewal deadline date.)

TO RENEW BY MAIL: This form must be **complete** and postmarked by December 31st.

YES NO HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST? If so, please attach copies of the document that initiated each action and all final orders. MCA 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

In accordance with ARM 24.201.537, I hereby state that I am fully retired from the practice of public accounting. I understand that I can maintain my retired status by annually renewing my retired license and can use the title CPE (retired) but may not perform public accounting services. I also understand it is my responsibility to keep the Board apprised of any change of address or email.

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your signature: _____ Date: _____

DO NOT SEND CASH