

## EXPERIENCE INSTRUCTIONS

If you currently hold a certificate by the Montana Board of Public Accountants and are applying for an initial permit to practice, please include your Montana certificate number on the front of the form.

ARM 24.201.502 provides that to be issued an initial permit to practice, an applicant must provide evidence of 'adequate' accounting and auditing experience. Experience will be considered adequate by the Board if satisfactory evidence is presented of having performed accounting and auditing functions ordinarily required in the practice of public accounting. One year of actual work experience (2000 hours) is required.

**Experience must be attested to by a holder of a permit/license to practice public accounting in one of the 55 Board jurisdictions.**

Experience must take place within three (3) years prior to the date of this application. However, individuals applying for licensure transfer according to ARM 24.201.528 (3) must report four (4) years of experience in the practice of public accounting within the ten (10) years immediately preceding this application in order for the education requirement to be waived.

Or, if applying using military experience and no US CPA can attest to the experience, the applicant's commanding officer must provide sufficient information on the duties and responsibilities of the applicant for the Board to evaluate to determine if the applicant meets the 2000 hour experience requirement.

# MONTANA BOARD OF PUBLIC ACCOUNTANTS

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## EVIDENCE OF SATISFACTION OF EXPERIENCE REQUIREMENTS FORM

FULL NAME: \_\_\_\_\_  
Last First Middle

MONTANA CERTIFICATE # (IF PREVIOUSLY HELD): \_\_\_\_\_

OTHER NAME(S) KNOWN BY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
Street or PO Box # City and State Zip Country

POSITION TITLE OF APPLICANT: \_\_\_\_\_

TYPE OF ACCOUNTING EMPLOYMENT: PUBLIC GOVERNMENTAL PRIVATE INDUSTRY ACADEMIC

**PERIOD OF EMPLOYMENT:** Only list employment within the previous 3 years (4 of the past 10 years if applying under ARM 24.201.528(3). See Experience Instructions).

FULL-TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

PART-TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

### ATTESTATION

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

PHONE NO \_\_\_\_\_ EMAIL \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

NATURE AND LEVEL OF WORK PERFORMED BY APPLICANT (ATTACH ADDITIONAL – SIGNED – SHEETS AS NECESSARY):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hold an active license (# \_\_\_\_\_) to practice public accounting in the State of \_\_\_\_\_, which expires on \_\_\_\_\_.

**I certify under penalty of perjury that I have reviewed the applicant's work, this completed form and any attachments, and that the information is correct.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE