

BOARD OF PUBLIC ACCOUNTANTS

301 South Park Ave. – 4th Floor

PO Box 200513

Helena MT 59620-0513

406-841-2203

E-Mail: dlibsdpac@mt.gov Website: www.publicaccountant.mt.gov

REACTIVATION OF PERMIT TO PRACTICE PROCEDURES

In order to reactivate a permit to practice, you must comply with the full basic continuing professional education (CPE) requirement during the three-year period immediately preceding the application for reactivation ([ARM 24.201.2161](#)). The full basic requirement involves completion of 120 hours of acceptable continuing education with a subset of two hours of ethics.

The CPE Reporting Form can be found on our website (www.publicaccountant.mt.gov). In addition to submitting the CPE Reporting Form, it is necessary for you to also include documentation to support the hours being claimed such as certificates of completion.

You can review the CPE rules on the Board's website beginning with ARM 24.201.2106.

MONTANA BOARD OF PUBLIC ACCOUNTANTS

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PERMIT REACTIVATION APPLICATION

Permit to Practice (Active Status) – Fee: \$150.00

FULL NAME: _____
Last First Middle

OTHER NAME(S) KNOWN BY: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
Street or PO Box # City and State Zip Country

HOME ADDRESS: _____
Street or PO Box # City and State Zip Country

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

E-MAIL: _____ Check if this is a new email address

TELEPHONE: _____
Business Cell Fax

U.S. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

Inactive Permit #: _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Public Accountants.

I understand that I am responsible for providing all of the necessary documentation to demonstrate my qualifications for licensure and the Board is not responsible for obtaining the necessary documentation. I understand that if my application is not complete, including all documentation.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date