

MONTANA BOARD OF PUBLIC ACCOUNTANTS

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RETIRED STATUS REQUEST FORM

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

Complete the appropriate license number:

License # PAC-LPAP-LIC-_____

Permit # PAC-CPAP-LIC-_____

FULL NAME AS APPEARS ON LICENSE _____

ADDRESS: _____

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

EMAIL: _____

PHONE: _____

SIGNATURE: _____ DATE: _____