

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

ACTIVE RENEWAL APPLICATION

PAC-CPAP-LIC _____

Check box for new contact Information.
Indicate any changes below

Renewal Fee: \$125 Renewal Fee if postmarked after December 31st: \$ 250.00

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 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. Failure to complete the transaction by 11:59 PM will result in the addition of a late fee.)

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

CONTINUING PROFESSIONAL EDUCATION (CPE) STATEMENT:

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.20.2106, and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.

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.

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