

**THREE-YEAR OHIO PERMIT/REGISTRATION APPLICATION FORM**

ID NUMBER: \_\_\_\_\_

**This form should only be used if you are changing your license status.**

NAME:  
ADDRESS #1:  
ADDRESS #2:  
CITY:  
STATE:  
ZIP CODE:

**From registration to permit**

<OR>

**From permit to registration**

**\$150.00** 3-Year Permit (2010-12)

**\$ 55.00** 3-Year Registration (2010-12)

**TOTAL FEE: \$ 150.00** <OR>  
**+ 120 CPE credits earned 1/1/07 to 12/31/09**

**TOTAL FEE: \$ 55.00**  
**No CPE credit is required**

(Make check payable to: **Treasurer, State of Ohio** and attach it to this form)

**COMPLETE THE SECTION BELOW**

Do you perform audits, reviews, compilations, or other attest work? \_\_\_ Yes \_\_\_ No

Do you do tax work, consulting work, or financial planning as a CPA? \_\_\_ Yes \_\_\_ No

Do you wish to retire your CPA certificate? \_\_\_ Yes \_\_\_ No (Attach reasons for request.)

Do you reside and work in another state and hold a CPA license in that state? \_\_\_ Yes \_\_\_ No  
(If you answer "Yes," you may remain in good standing in Ohio based on your other license.)

State \_\_\_\_\_ License number \_\_\_\_\_ Expiration date \_\_\_\_\_

NAME \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

ADDRESS#1 \_\_\_\_\_

ADDRESS#2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**