

THREE-YEAR OHIO REGISTRATION APPLICATION FORM
(Valid through December 31, 2016)

CPA LICENSE NUMBER: _____

OHIO REGISTRATION FEE (2017-2019): \$60.00

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

Have you been convicted of a felony, a misdemeanor (an element of which is dishonesty or fraud), or had a civil judgment against you during the past three years? _____ Yes _____ No

(If Yes, you must submit the appropriate court documents to the Board.)

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

Do you perform tax work, consulting work, or financial planning as a CPA? _____ Yes _____ No

Do you use the CPA designation? _____ Yes _____ No

(If yes, please advise how the CPA designation is used. Advertise, sign, letterhead, business card, etc.)

Please check here if your contact information has changed.

NAME: _____

HOME ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

AFFIDAVIT

I certify, under penalty of perjury, that all statements on this form are true and correct to the best of my knowledge.

SIGNATURE

DATE