

**OHIO LATE RENEWAL APPLICATION FORM**

**YOU MUST FIRST CONTACT THE ACCOUNTANCY BOARD OFFICE  
FOR LATE FEE AMOUNT**

CPA LICENSE # \_\_\_\_\_

Please check here if your contact information has changed.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Active Permit Required**  
**(In Public Accounting)**  
**120 CPE within past 36 months**

**Active Permit**  
**(Not in Public Accounting)**  
**120 CPE within past 36 months**

**Non-Practicing Registration**  
**("CPA-Inactive")**  
**0 CPE Required**

**Total Fee: \$ \_\_\_\_\_**

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**Total Fee: \$ \_\_\_\_\_**

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

COMPLETE THE SECTION BELOW

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 (3) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

To renew with a permit, documentation of a minimum of 120 credits of continuing professional education (CPE) earned within the past 36 months must be submitted.

CPE Attached

CPE Uploaded to CPE Tracking

CPE E-mailed to: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

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

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

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