



1. Was the applicant ever denied admission to the Exam?  YES  NO (If yes, use Section C to explain.)
2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?  YES  NO
3. If the candidate has not passed all parts of the CPA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given.

**SECTION B: CERTIFICATE/LICENSURE (Permit) STATUS**

**Certificate As A Certified Public Accountant:**

1. The applicant was granted an original/reciprocal (mark out one), CPA Certificate number \_\_\_\_\_ issued \_\_\_\_/\_\_\_\_/\_\_\_\_ which is in good standing unless otherwise noted in Section C of this form.
2. The individual has completed an Ethics Examination.  YES  NO  N/A  
If YES, the exam was prepared and graded by: \_\_\_\_\_ Board \_\_\_\_\_ AICPA \_\_\_\_\_ Other

**License/Permit to Practice Public Accounting:**

(If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

3.  YES  NO This state is a two-tier state. (Not all holders of the CPA certificate must be licensed.)
4.  YES  NO The license/permit from this Board is in good standing and expires on \_\_\_\_\_
5.  YES  NO The applicant is currently licensed to engage in the practice of public accounting.
6.  YES  NO Has there ever been any disciplinary action instituted against the applicant? If yes, please explain in Section C.
7. If the applicant does not hold a license/permit, please indicate below the requirements the applicant needs.

- License/Permit not required (cite statutory authority at right) \_\_\_\_\_
- Pay appropriate fees and/or post bond (list amount of fees/bond at right) \_\_\_\_\_
- Complete acceptable accounting/auditing experience (list amount at right) \_\_\_\_\_
- Complete continuing professional education requirements (list amount of CPE at right) \_\_\_\_\_
- Other: (please specify) \_\_\_\_\_

**SECTION C: ADDITIONAL INFORMATION, EXCEPTIONS NOTED, EXPLANATIONS, etc.** (Official Seal and Signature must be affixed to attached sheets if needed to respond to this inquiry)

**AFFIDAVIT**

The information provided herein is correct to the best of my knowledge.

**OFFICIAL BOARD SEAL**

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date