



1. Was the applicant ever denied admission to the Exam?  YES  NO

2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?  
 YES  NO Use Section C to explain

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

1. Is your licensing structure a two-tier system?  YES  NO

2. The applicant holds a(n)  original  reciprocal CPA Certificate Number   
dated  -  - , which is in good standing unless otherwise noted in Section C of this form.  
This registration is current through  -  -

3. Does this certificate allow him/her to practice public accounting in your State?  YES  NO

4. If the answer to #3 is **NO**, does the applicant hold a license/permit to practice public accounting from your Board?  
 YES  NO If YES, Certificate Number   
Date of Issuance  -  -  Expiration Date  -  -

5. Have Disciplinary sanctions been taken by the Board against the applicant?  YES  NO  
If YES, provide an explanation in Section C of this form.



**SECTION C: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED (Official Seal and Signature must be affixed to attached sheets if needed to respond to this inquiry). RETURN COMPLETED FORM TO APPLICANT.**



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

(Official Board Seal)

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

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

Title \_\_\_\_\_

Date \_\_\_\_\_