## GEORGIA STATE BOARD OF ACCOUNTANCY AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION (404) 463-0365

## www.sao.georgia.gov/gsba

## PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT.

This form is essential to the application you are filing with this Board. Before your application will be considered for approval, certain information must be verified by the Board of Accountancy where your examination credits and/or certificate and license status were established. COMPLETE THE INITIAL PORTION OF THIS FORM AND FORWARD THE FORM TO THE BOARD OF ACCOUNTANCY WHERE STATUS AND/OR CREDITS WERE ESTABLISHED. You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees before such information will be released. PLEASE RETURN TO APPLICANT TO INCLUDE WITH APPLICATION.

## TO BE COMPLETED BY THE APPLICANT (Please type or print legibly.)

Last Name		First Name		Middle Name		Maiden Name		
Current Mailing Add	dress:							
	l	Num	ber and Street		City	State	Zip	
Certificate Number:			Social Security Number*:					
*THIS INFORMATION IS AUT O.C.G.A.SECTION 20-3-295,				FEDERAL AGENCIES PUP	SUANT TO O.C.G.A. SE	CTION 19-11-1 &		
U.S. Citizen Yes* No* *Submit copy of supporting documentation								
Date of Birth								
Daytime Telephone Number:				E-Mail Address:				
I hereby request and authorize the (State)				Board of Accountancy to provide				
any and all pertinent application to be filed Grading Service of th	d with that ag	ency. I agree that	at the State I	Board may confirm				
Applicant Signature			Date					
APPLICANT: MAIL CREDITS WERE ES			OF ACCOU	JNTANCY WHERE	YOUR LICENSE	STATUS A	ND/OR	
SECTIONS A THROU								
				OARD OF ACCOU	NTANCI UNLI.			
SECTION A: VERIF The following are gra				ation(s) for the app	lication named ab		orted by the	
AICPA Advisory Grad								
of the grades were of								
grades should not be	accepted. If	it is necessary to	attach a sep	arate sheet, please	affix official signa			
				ng grades, recorde				
EXAM	ID NUMB	ER AUDITIN	G (AUD)	LAW (LPR)	THEORY (FAR	E) PRACT	ICE (ARE)	

	Was the applicant ever denied admission to the Exam?							
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								
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?								
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,	ertificate Number							
Date of	ssuance Expiration Date							
5. Have Disciplinary sanctions been taken by the Board against the applicant?								
If YES, provide an explanation in Section C of this form.								
	State? NO Use Sect   ION B: CERTIFICATE/LICENSURE (I   Is your licensing structure a two-tier system   The applicant holds a(n)   - ,which is in g   registration is current through   Does this certificate allow him/her to pr   If the answer to #3 is NO, does the app   YES NO   If YES NO   Have Disciplinary sanctions been taked							

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). <u>RETURN COMPLETED FORM</u> <u>TO APPLICANT.</u>

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

Board Agency

(Official Board Seal)

Official Signature

Title

Date