Kentucky State Board of Accountancy
332 W Broadway #310 • Louisville KY 40202
502-595-3037 • http://cpa.ky.gov • Email cpa@ky.gov

LICENSE REINSTATEMENT APPLICATION

Name _____ License No. _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Date of Birth _____/_____/_____ (MM/DD/YYYY) Email _____

FULL-TIME EMPLOYMENT	***PART-TIME EMPLOYMENT***
Employer _____	**Employer** _____
Address _____	**Address** _____
City, State, Zip _____	**City, State, Zip** _____
Employment Type: *(check one)*	**Employment Type**: *(check one)*
☐ Public Accounting ☐ Industry ☐ Education ☐ Government	☐ Public Accounting ☐ Industry ☐ Education ☐ Government
If employed in public accounting, indicate capacity: *(check one)*	**If employed in public accounting**, indicate capacity: *(check one)*
☐ Partner ☐ Employee ☐ Shareholder/Owner ☐ Sole Proprietor	☐ Partner ☐ Employee ☐ Shareholder/Owner ☐ Sole Proprietor

Since you were previously licensed, have you been convicted, pled guilty, entered an Alford plea or a plea of no contest to any state or federal felony or misdemeanor charge? Yes ☐ No ☐ If Yes, attach a copy of the Judgment, Sentence of Conviction, KY Administrative Office of the Courts Criminal Background Check form AOC-RU-004 or similar document from the state agency where the conviction was entered and a letter of explanation.

Are you actively licensed in another state? Yes ☐ No ☐ If Yes, provide the following information:

State _____ License No. _____

Attach the required CPE course completion documents and a check for $200 made payable to the Kentucky State Board of Accountancy.

I hereby certify all information contained in this application is true and accurate.

Signature _____ Date _____

Rev. 2014

Board Approval: _____