# KENTUCKY STATE BOARD OF ACCOUNTANCY

332 W. Broadway, Suite 310
Louisville, KY 40202
(502) 595-3037
www.cpa.ky.gov

## APPLICATION FOR A PRACTICE PRIVILEGE AS A KENTUCKY CERTIFIED PUBLIC ACCOUNTANT UNDER SUBSTANTIALLY EQUIVALENT STANDARDS

*Print in ink or type*

NAME: LAST _____ FIRST _____ MI _____ ☐ Ms. ☐ Mr.

In order to receive a practice privilege under substantial equivalency, your principal place of business must be located in another state and you must hold an active license from that jurisdiction. Please provide the following information regarding your principal office:

FIRM/BUSINESS NAME _____

ADDRESS _____

CITY _____ State _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____ EMAIL _____

Is this a CPA firm? Yes ☐ No ☐

License Number _____ License State _____ Expiration Date (MM/DD/YYYY) _____

If your mailing address is different from your principal business address, please complete the following information:

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Do you operate an office at this address? Yes ☐ No ☐

I attest that all information provided in this application is true and correct. I further agree to comply with the following provisions of KRS 325.280:

1. Submit to the personal and subject matter jurisdiction and disciplinary authority of the board.
2. Comply with the laws and administrative regulations regulating public accounting in Kentucky.
3. The appointment of the board listed above that issued the license as the agent upon who process may be served in any action or proceeding against me by the Kentucky Board.
4. Immediately cease offering and providing services if any of the information filed is false.
5. That if I decide to move my principal place of business to or open an office in Kentucky, I shall notify the board prior to doing so and apply for a license to practice in Kentucky.
6. This privilege shall be **automatically suspended or revoked** if my home state board takes disciplinary action against the license upon which this privilege was granted.

Signature _____ Date Signed _____

**Attach a check payable to the Kentucky State Board of Accountancy in the amount of $100**

FOR BOARD USE ONLY

License Number_____ Date Issued _____ Date Verified _____

Rev. 4/06