Print Form

KENTUCKY STATE BOARD OF ACCOUNTANCY

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

APPLICATION FOR INITIAL LICENSE AS A KENTUCKY CERTIFIED PUBLIC ACCOUNTANT

Print in Ink or Type - Where applicable place a check mark in the appropriate box.

1. Name (As it will appear on your license)

2. Mailing address

3. City State Zip Code

4. Daytime phone number: 5. Email

6. Date of Birth: 7. Social Security Number:

8. Are you a United States citizen? Yes ☐ If Yes go to question 11. No ☐ If No go to question 9.

9. Are you legally residing in the United States? Yes ☐ No ☐
If Yes, please submit documentation from the United States Citizenship and Immigration Services that verifies you are legally residing in the United States and go to question 11. If No go to question 10.

10. Are you an employee of a public accounting firm, company, or institution of higher education located outside the United States which also has an office or campus in the Untied States? Yes ☐ No ☐
If Yes please submit documentation from your employer that verifies your employment and location of the office or campus in the United States. **If No you are not allowed to apply for a license.**

11. Have you ever been convicted, pled guilty or no contest to any state or federal felony conviction or misdemeanor charge? Yes ☐ No ☐ If Yes, attach a copy of the Judgment, Sentence of Conviction and a letter of explanation.
If information was previously submitted with exam application, check here ☐

12. Indicate the month and year in which you successfully completed all portions of the Uniform Certified Public Accountants Examination. Indicate the state in which you passed:

If other than Kentucky, mail the "Authorization for Interstate Exchange of Information" form to the appropriate State Board.

13. Do you currently hold an active practicing license in any other state? Yes ☐ No ☐ If Yes, complete the enclosed "Authorization for Interstate Exchange of Information" form and mail it to the appropriate State Board(s).

14. Have you ever had a CPA certificate, permit to practice or other professional license in this state or another state denied, revoked or suspended? Yes ☐ No ☐ [If Yes, enclose a letter indicating the jurisdiction, date of action, and explanation of the circumstances.

FOR BOARD USE ONLY

LICENSE NUMBER _____

( ) CERTIFICATES OF EXPERIENCE
( ) INTERSTATE EXCHANGE FORM
( ) TRANSCRIPTS
( ) $100 LICENSE FEE

CERT BASIS: E R

STAFF APPROVAL_____ DATE_____

BOARD APPROVAL_____ DATE_____

ATTACH A RECENT 2 X 2 PHOTOGRAPH

YOUR SIGNATURE MUST APPEAR ON THE REVERSE SIDE OF THE PHOTOGRAPH

Submit an official college transcript(s) to verify completion of the 150 semester hour requirement if one is not already on file with the board.

List the name and address (city, state, zip code) of each employer who will submit a Certificate of Experience on your behalf.	FOR BOARD USE ONLY
1. Name _____ City _____ State _____ Zip Code _____	
2. Name _____ City _____ State _____ Zip Code _____	

CURRENT EMPLOYMENT INFORMATION

Are you currently employed? Yes ☐ No ☐ If yes, please provide the following information:

FULL-TIME EMPLOYMENT	**PART-TIME EMPLOYMENT (if applicable)**
EMPLOYER:	**EMPLOYER:**
ADDRESS:	**ADDRESS:**
EMPLOYMENT TYPE: *(Check One)*	**EMPLOYMENT TYPE:** *(Check One)*
☐ Public Accounting ☐ Industry ☐ Education ☐ Government	☐ Public Accounting ☐ Industry ☐ Education ☐ Government
☐ Other	☐ Other
If employed in public accounting, indicate capacity:	**If employed in public accounting**, indicate capacity:
☐ Partner ☐ Shareholder ☐ Sole Proprietor ☐ Employee ☐ Member	☐ Partner ☐ Shareholder ☐ Sole Proprietor ☐ Employee ☐ Member

SOLE PROPRIETOR REGISTRATION:
Sole proprietorships, by definition, are CPA firms. All firms are required to register with the Board. Firms who practice in legal forms such as PSCs, LLC, LLPs, etc. must be registered with the Kentucky Secretary of State as well as the Board, and must complete an Initial Firm Registration Form. If your sole proprietorship is not practicing in one of the legal forms listed above, you must register by completing the following information:

I am engaged in the practice of public accounting as a sole proprietor. My public accounting firm and address is as follows and I have attached a list of CPA associates employed by me.

FIRM NAME: _____

PO Box _____ Street Address (Required) _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email address _____

Peer Review Information: Are you performing any level of attest services? Yes ☐ No ☐ If yes you must be enrolled in a Peer Review Program and provide documentation of your enrollment with this application.

Attach a check made payable to the Kentucky State Board of Accountancy in the amount of $100.00

REMEMBER TO INCLUDE ALL NECESSARY DOCUMENTATION WITH THIS APPLICATION. FAILURE TO INCLUDE SUCH DOCUMENTATION SHALL RESULT IN ALL MATERIAL BEING RETURNED TO YOU.

CERTIFICATION AND ACKNOWLEDGEMENT

I, _____ do hereby certify that all information provided in this application is true and correct. Further I do hereby acknowledge and agree that if a license as a Certified Public Accountant is issued as a result of this application and later revoked, I will cease and desist from offering services as a certified public accountant.

_____
Signature Date

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me by _____ this day of _____, _____.

_____
NOTARY PUBLIC

_____
MY COMMISSION EXPIRES
(REV 7/06)