

Kentucky State Board of Accountancy
312 Whittington Parkway #200 • Louisville KY 40222
502-595-3037 • <http://cpa.ky.gov> • Email cpa@ky.gov

APPLICATION FOR RECIPROCAL LICENSE

Mr. Ms. Name (as it will appear on your license) _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number: _____ - _____ - _____ Email _____

Date of Birth ____/____/____ Social Security Number _____ - _____ - _____

1. Have you ever 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.

2. Complete the following information:

(a) Month and year (MM/YYYY) in which you completed the CPA Examination _____

(b) State in which you passed the CPA Examination _____

(c) State in which you hold an active license to practice _____

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

The information listed above must be verified by the state board of accountancy where you passed the exam and hold a license. Submit an "Authorization for Interstate Exchange of Information" form(s) to the appropriate jurisdiction(s) for completion.

3. Have you ever had a CPA certificate, permit to practice or other professional license in this state or another state denied, revoked, suspended or subject to any other disciplinary action? Yes No If Yes, enclose a copy of the decision(s) and a letter of explanation of the circumstances.

If the applicant cannot provide the certificate of experience as required in 201 KAR 1:063(1), submit one of the following:

(a) Certified copy of experience forms filed with another licensing jurisdiction;

(b) Submit one of the following documents which clearly reflects that the applicant has practiced public accounting as a full-time profession for four (4) of the last ten (10) years:

1. Proof of accounting errors and omissions insurance;
2. A letter from an attorney, client, or certified public accountant that has knowledge of the applicant's practice;
3. Copies of firm license applications; or
4. Copies of Schedule C of the applicant's personal tax returns.

FOR BOARD USE ONLY

LICENSE NUMBER _____

STAFF APPROVAL _____ BOARD APPROVAL _____ DATE _____

CURRENT EMPLOYMENT INFORMATION

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

FULL-TIME EMPLOYMENT	PART-TIME EMPLOYMENT
Employer _____ Address _____ City, State, Zip _____ Employment Type: <i>(check one)</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Public Accounting Industry </div> <div style="display: flex; justify-content: space-around;"> Education Government </div> <p>If employed in public accounting, indicate capacity: <i>(check one)</i></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Partner Employee </div> <div style="display: flex; justify-content: space-around;"> Shareholder/Owner Sole Proprietor </div>	Employer _____ Address _____ City, State, Zip _____ Employment Type: <i>(check one)</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Public Accounting Industry </div> <div style="display: flex; justify-content: space-around;"> Education Government </div> <p>If employed in public accounting, indicate capacity: <i>(check one)</i></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Partner Employee </div> <div style="display: flex; justify-content: space-around;"> Shareholder/Owner Sole Proprietor </div>

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

CERTIFICATION

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 suspended, revoked, or expires I will immediately cease and desist from offering and providing services as a certified public accountant in this state.

Signature _____ Date _____

NOTARY CERTIFICATION

State of _____

County of _____

I certify this application was subscribed and sworn to before me by _____ on this _____ day of _____, _____.

Notary Public Signature _____ My commission expires _____