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

AUTHORIZATION FOR INTERSTATE EXCHANGE OF INFORMATION

Please complete this portion of the form and forward it to the Board of Accountancy where you passed the exam and/or hold a license. That Board, in turn, will complete the remainder of this form (Sections A-C) and return it to this agency. (You are advised to check with that Board before forwarding this form to determine if there are any additional requirements and/or fees charged before such information will be released.)

TO BE COMPLETED BY THE APPLICANT:

Name _____ Maiden _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

I hereby request and authorize the _____ Board of Accountancy to report any and all pertinent information requested in this form to the Kentucky State Board of Accountancy on my behalf. I agree that the State Board may confirm the grades issued to me by the AICPA Advisory Grading Service.

Signature _____ Date _____

SECTIONS A-C TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY

SECTION A. VERIFICATION OF PASSING EXAMINATION SECTIONS: List the date each of the exam sections were passed:

DATE PASSED AUDIT _____ DATE PASSED BEC _____

DATE PASSED FAR _____ DATE PASSED REG _____

1. Was the applicant ever denied admission to the Exam? Yes ☐ No ☐ If yes, use section C to explain.

2. If the CPA exam has not been completed, are there any restrictions preventing the applicant from sitting in your state? Yes ☐ No ☐

3. Date grades expire, if any: _____/_____/_____

SECTION B: LICENSURE STATUS.

1. The applicant was granted an original ☐ reciprocal ☐ (check one) CPA license number _____ issued _____/_____/_____ which is in good standing unless otherwise noted in Section D of this form.

2. Yes ☐ No ☐ This is a two-tier state.

3. Yes ☐ No ☐ License from this Board is in good standing and expires on _____.

4. Yes ☐ No ☐ The applicant is currently licensed to engage in the practice of public accounting.

5. Yes ☐ No ☐ Has there ever been any disciplinary action instituted against the applicant? If yes, explain in Section C.

6. If the applicant does not hold a license from your Board, please indicate the requirements to be met for issuance or reinstatement:

☐ License not required

☐ Pay appropriate fees and/or post bond

☐ Complete acceptable accounting/auditing experience

☐ Complete continuing professional education requirements

Other: _____

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.)

_____

_____

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

BOARD SEAL

_____
Board/Agency

_____
Official Signature

_____
Title

_____
Date

Rev. 2014