

Kentucky State Board of Accountancy
 312 Whittington Parkway #200 • Louisville KY 40222
 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 _____ Address _____ City, State, Zip _____ Employment Type: <i>(check one)</i> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Public Accounting Industry </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 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: 5px;"> Partner Employee </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 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: 5px;"> Public Accounting Industry </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 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: 5px;"> Partner Employee </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Shareholder/Owner Sole Proprietor </div>

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. 2024

Board Approval: _____ Canceled Date: _____
