

**Kentucky State Board of Accountancy**  
332 W Broadway #310 • Louisville KY 40202  
502-595-3037 • <http://cpa.ky.gov> • Email [cpa@ky.gov](mailto:cpa@ky.gov)

**APPLICATION FOR RECIPROCAL LICENSE**

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
<b>Employer</b> _____ <b>Address</b> _____ <b>City, State, Zip</b> _____ <b>Employment Type:</b> <i>(check one)</i> Public Accounting                  Industry Education                              Government	<b>Employer</b> _____ <b>Address</b> _____ <b>City, State, Zip</b> _____ <b>Employment Type:</b> <i>(check one)</i> Public Accounting                  Industry Education                              Government
<b>If employed in public accounting, indicate capacity:</b> <i>(check one)</i> Partner                                  Employee Shareholder/Owner                  Sole Proprietor	<b>If employed in public accounting, indicate capacity:</b> <i>(check one)</i> Partner                                  Employee Shareholder/Owner                  Sole Proprietor

**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 \_\_\_\_\_