

APPLICATION FOR LICENSE

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

Previous Last Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number: _____ - _____ - _____ Email _____

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

1. Are you a United States citizen? Yes No If Yes, go to question 4. If No, go to question 2.
2. 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 4. If No, go to question 3.
3. 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 United 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.
4. 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.
If information was previously submitted with exam application, check here
5. 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.
6. Do you currently hold an active practicing license in any other state? Yes No
7. 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.

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.

| | | |
|----------------------------------|----------------------|----------------------|
| <u>FOR BOARD USE ONLY</u> | | 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> <input type="checkbox"/> Public Accounting <input type="checkbox"/> Industry <input type="checkbox"/> Education <input type="checkbox"/> Government If employed in public accounting, indicate capacity: <i>(check one)</i> Partner Employee Shareholder/Owner Sole Proprietor | Employer _____ Address _____ City, State, Zip _____ Employment Type: <i>(check one)</i> Public Accounting Industry Education Government If employed in public accounting, indicate capacity: <i>(check one)</i> Partner Employee Shareholder/Owner Sole Proprietor |

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

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 _____