

**Kentucky State Board of Accountancy**  
 312 Whittington Parkway #200 • Louisville KY 40222  
 502-595-3037 • Web: 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:** Please list the date each of the exam sections were passed and provide the corresponding scores:

| Date of Examination | AUD | FAR | REG | BEC | BAR<br>(Business Analysis and Reporting) | ISC<br>(Information Systems and Controls) | TCP<br>(Tax Compliance and Planning) |
|---------------------|-----|-----|-----|-----|--|---|--------------------------------------|
|                     |     |     |     |     |  |   |                                      |
|                     |     |     |     |     |  |   |                                      |
|                     |     |     |     |     |  |   |                                      |
|                     |     |     |     |     |  |   |                                      |
|                     |     |     |     |     |  |   |                                      |
|                     |     |     |     |     |  |   |                                      |

1. Did the applicant receive an exam grade extension?  Yes  No  
If yes, which exam grade was extended and what was the reason for extension:  
  
\_\_\_\_\_
2. Was the applicant ever denied admission to the Exam?  Yes  No  
If yes, please use section C to explain.
3. If the CPA exam has not been completed, are there any restrictions preventing the applicant from sitting in your state?  Yes  No
4. Date grades expire, if any: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SECTION B: LICENSURE STATUS.**

1. The applicant was granted an original reciprocal (circle 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, please 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