

Exam Re-Application Instructions

Please print neatly when completing this form.
\$60 check or money order payable to NDSBA included Pay via Credit card

Last Name	First Name	Middle Name	Date of Birth
Email address		Social Security #	Mother's maiden name
Residence Address			Phone
City	State	Zip Code	
Business Name & Address			Phone
City	State	Zip Code	

List all states and jurisdictions in which you hold (or have applied for) a certificate, permit or other recognized accounting designation:

Please notify the Board of any revocation, suspension, issuance or denial of a certificate, permit or other accounting designation by any jurisdiction – within 30 days of occurrence.

Have you ever changed your name?	If so, please explain and list former name:
Have you ever relinquished a CPA certificate or other professional license?	If so, please attach an explanation.
Have you ever had a CPA certificate or other professional license denied, suspended, revoked?	If so, please attach an explanation.
Have you ever been denied permission to write the CPA exam?	If so, please attach an explanation.
Have you ever been convicted of a felony any crime involving theft, dishonesty or fraud (beyond age 17)?	If so, please attach an explanation.
Do you have any disability that would require special provision at the exam site?	If so, please attach an explanation.
Have you previously written the CPA exam (other than as a ND candidate)?	

AFFIDAVIT

I certify that I am of good moral character and have never been convicted of a felony, or any crime involving theft, dishonesty or fraud (beyond age 17) under the laws of the U.S. or this state, or of any other state if the acts involved would have constituted a crime under the laws of this state, except as indicated on an attached sheet. I further certify that the statements made herein and my signature below are true; that I have not withheld any information that might affect this application; and that in the event I become licensed as a CPA in North Dakota I will comply with the statutes of North Dakota and the accounting regulations of the N.D. State Board of Accountancy. I grant the Board permission to conduct a background investigation on me, and I grant the Board permission to share any information (including SSN) in this application or any prior applications, with third parties, for licensee database or exam purposes. I further certify that the photograph attached to this application is a genuine likeness of me. I agree that in the event my examination responses are lost or damaged, any claim I may have against the N.D. State Board of Accountancy will be limited to my application fee paid to the Board. I grant the Board permission to contact any of the references listed in this application

Date _____, 20_____

Signature of Applicant (Sign in presence of notary)

<p>Attach photo here</p> <p>Attach one recent 2" X 2" head and shoulders photograph of yourself. Attach photo to application at the time of notarization.</p>	<p>For notary use:</p> <p>Before me, a Notary Public in and for the State of _____ and County of _____, personally appeared _____, known by me (or proved by _____) to be the person named and signed this document in my presence. The attached photo is a genuine likeness of the person named. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this _____ day of _____, 20____.</p> <p>(Name) _____</p> <p>(SEAL)</p> <p>(Title) _____</p>
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Internal Use	Staff review: _____ Date: _____	Approval notice sent: _____ Fee Pd (\$60): _____	Background Check: _____ References current: _____	FT Received: _____ Database Updated: _____
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