

Firm Permit Reinstatement Application

Firm Permit Reinstatement Instructions

Return completed application with the \$150 reinstatement fee, payable by check or money order to NDSBA or Pay via Credit Card.

The application will be addressed at the next meeting of the Board.

1. Name of CPA/LPA practice unit: _____

2. Register below each ND office of the firm and designate one as the correspondent office with an*.
 ND office address, city, state, zip, phone & email:

_____	_____
_____	_____
_____	_____

5. Please list all states and jurisdictions in which the firm holds or has applied for a permit to practice public accounting or similar authorization (excluding North Dakota): _____

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.

Date _____, 20_____

Applicant Signature _____

Internal Use

Letter to Board:

Firm Form Completed:

Fee Pd:

Background Check Release Signed: