

**Applicant to complete the following:**

Last name	First Name	Middle Initial	Maiden name
Current mailing address		(certificate # if applicable)	
City	State		Zip
Phone	Email	Social Security Number	Date of Birth

*I am applying to the North Dakota Board of Accountancy for a North Dakota CPA Certificate. I authorize your Board to provide any and all needed information requested.*

Applicant Signature	Date Signed
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**This section to be completed by Board of Accountancy only**

Exam Scores (Please list all grades, including failing grades, recorded for the applicant)

EXAMINATION	ID NUMBER	Auditing, AUD	Law, LPR, BEC	Theory, FARE, FAR	Practice, ARE,

Was the applicant ever denied admission to the exam?     Yes     No  
If yes, please explain.

Subjects with which the candidate has been granted credit for, if any:     AUD     LPR     FARE     ARE     None

**Certificate/Licensure and Permit Status:**  
As a Certified Public Accountant, the applicant holds the following certificate:     original     reciprocal (check one box)  
CPA certificate number \_\_\_\_\_, dated \_\_\_\_\_.  
The individual has completed the AICPA Ethics Examination.     Yes     No

**License/Permit to Practice Public Accounting (if licensing is the responsibility of another agency, please forward):**  
The applicant holds a license/permit from this Board for the period ending \_\_\_\_\_ and is currently in good standing.  
Has the applicant met all the qualifications for licensure from your Board?     Yes     No

**Indicate the requirements to be met for issuance or reinstatement:**

<input type="checkbox"/> License/Permit not required	<input type="checkbox"/> Complete acceptable accounting /auditing
<input type="checkbox"/> Pay appropriate fees and /or post bonds	<input type="checkbox"/> Complete continuing professional education
<input type="checkbox"/> Other: (Please specify)	

Has the applicant ever been disciplined by your Board?     Yes     No  
Has the applicant ever had a license, permit to practice or certificate suspended by your Board?     Yes     No

**The information provided herein is correct to the best of our knowledge.**

<b>Official Seal</b>	Board/Agency _____ Signature _____ Title _____ Date _____
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Applicant: send to appropriate state board.    State Board: return completed form directly to NDSBA