

**Reinstatement Instructions**

Return completed application with the **\$150 reinstatement fee**, payable by check or money order to NDSBA Pay via Credit Card.  
 The application will be addressed at the next meeting of the Board.

**Personal Data**

Last				First		Middle		Date of Birth	
Email address				Social Security #		Mother's Maiden Name			
Residence Address							Phone		
City			State		Zip Code		Country of Citizenship		
Business Name							Phone		
Address									
City			State		Zip Code				

Please list all states and jurisdictions in which you hold (or have applied for) a certificate, permit or other recognized accounting designation.  
 Note: Applicants for a certificate (or certificate holders) are to notify the Board in writing of any revocation, suspension, issuance or denial of a certificate, permit or other recognized accounting designation by another state or jurisdiction – within 30 days after occurrence.

Have you ever changed your name?		If so, please explain.	
Have you ever relinquished a CPA certificate or other professional license?		If so, please attach explanation.	
Have you ever had a CPA certificate or other professional license denied, suspended, revoked?		If so, please attach explanation.	
Have you ever been denied permission to write the CPA exam?		If so, please attach explanation.	
Have you ever been convicted of a felony any crime involving theft, dishonesty or fraud (beyond age 17)?		If so, please attach explanation.	

**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:	CPE Form Completed:	Fee Pd (\$235):	Background Check
Release Signed:			