

STATE OF KANSAS  
BOARD OF ACCOUNTANCY  
900 SW JACKSON, SUITE 556S  
TOPEKA, KS 66612-1239  
(785/296-2162)

APPLICATION FOR INITIAL PERMIT TO PRACTICE AS A CPA IN KANSAS

**ALL QUESTIONS MUST BE ANSWERED BEFORE APPLICATION WILL BE CONSIDERED.**  
**FAXED COPIES WILL NOT BE ACCEPTED.**

NAME TO BE LISTED IN OUR RECORDS: \_\_\_\_\_ KS CPA CERTIFICATE NO.: \_\_\_\_\_  
(IF LAST NAME DIFFERENT WHEN CERTIFIED, ATTACH LEGAL DOCUMENTATION.)

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
ISSUED BY: EXAM  RECIPROCITY

*PURSUANT TO 5 U.S.C. 552a, THE KANSAS BOARD OF ACCOUNTANCY ADVISES YOU THAT SOCIAL SECURITY NUMBERS PROVIDED TO THE BOARD, PURSUANT TO K.S.A. 74-148 AND 74-139, MAY BE PROVIDED TO THE KANSAS DEPARTMENT OF REVENUE, UPON REQUEST, OR MAY BE USED FOR CHILD SUPPORT ENFORCEMENT PURPOSES.*

CURRENT EMPLOYER: \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESSES: BUSINESS: \_\_\_\_\_  
(STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)

RESIDENCE: \_\_\_\_\_  
(STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)

PREFERRED MAILING ADDRESS: BUSINESS  RESIDENCE

TELEPHONES: BUSINESS: \_\_\_\_\_ FAX: \_\_\_\_\_ RESIDENCE: \_\_\_\_\_

- 1. I AM APPLYING FOR A PERMIT WITH NON-ATTEST EXPERIENCE ONLY: YES
- 2. I AM APPLYING FOR A PERMIT WITH ATTEST AND NON-ATTEST EXPERIENCE:  
(SEE DEFINITIONS ON CERTIFICATE OF EXPERIENCE INSTRUCTION SHEET) YES
- 3. I AM APPLYING FOR A PERMIT WITH ATTEST EXPERIENCE ONLY: YES

NOTE: IF YOU ARE OR WILL BE SUPERVISING ATTEST SERVICES, SIGNING OR AUTHORIZING PERSONS TO SIGN A REPORT ON ANY AUDIT, REVIEW, OR EXAMINATION OF PROSPECTIVE FINANCIAL INFORMATION ON BEHALF OF A FIRM, YOU ARE REQUIRED TO MEET THE REQUIREMENTS SET FORTH IN THE STATEMENT OF QUALITY CONTROL STANDARDS: THE PERSONNEL MANAGEMENT ELEMENT OF A FIRM'S SYSTEMS OF QUALITY CONTROL-COMPETENCIES REQUIRED BY A PRACTITIONER-IN-CHARGE OF AN ATTEST ENGAGEMENT.

- 3. IF YOU ARE NOT EMPLOYED BY A PUBLIC ACCOUNTING FIRM, ARE YOU PRESENTLY PROVIDING SERVICES AS A CPA FOR KANSAS CLIENTS? YES  NO
- 4. ARE YOU A U.S. CITIZEN? YES  NO   
(IF NOT, ATTACH A RECENT PHOTOGRAPH OR OTHER DOCUMENTATION THAT SUFFICIENTLY IDENTIFIES YOU ALONG WITH A COPY OF YOU ALIEN REGISTRATION.)
- 5. HAVE YOU EVER HAD A CPA CERTIFICATE CANCELED, REVOKED, SUSPENDED, REFUSED TO BE RENEWED, OR VOLUNTARILY SURRENDERED? (If yes, attach full explanation.) YES  NO
- 6. HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR ANY CRIME, OF WHICH AN ESSENTIAL ELEMENT WAS DISHONESTY, DECEIT OR FRAUD, UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES? YES  NO   
(If yes, attach full explanation.)

7. HAVE YOU EVER HAD THE RIGHT TO PRACTICE BEFORE THE UNITED STATES TREASURY DEPARTMENT OR ANY OTHER GOVERNMENTAL BODY OR AGENCY CANCELED? (If yes, attach full explanation.) YES  NO
8. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELINQUENT IN FILING YOUR TAX RETURNS? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) YES  NO
9. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELINQUENT IN FILING AND/OR PAYING TAXES COLLECTED ON BEHALF OF OTHERS? (I.E., WITHHOLDING TAXES, SALES TAX, USE TAX, ETC. NOTE: ENTERING INTO A PAYMENT PLAN DOES NOT MEAN YOU ARE CURRENT.) (IF YES, PLEASE ATTACH A FULL EXPLANATION.) YES  NO
10. ARE YOU FAMILIAR WITH THE CODE OF PROFESSIONAL CONDUCT OF THE KANSAS BOARD OF ACCOUNTANCY UNDER WHICH YOU ARE EXPECTED TO ABIDE AND DO YOU AGREE THAT YOU WILL COMPLY WITH THE CODE? YES  NO
11. DO YOU UNDERSTAND AND AGREE THAT YOU ARE REQUIRED TO OBTAIN A SPECIFIC AMOUNT OF CONTINUING PROFESSIONAL EDUCATION IN ORDER TO RENEW YOUR PERMIT TO PRACTICE AS A CPA IN KANSAS? (INDICATION OF THE AMOUNT OF CPE TO BE OBTAINED WILL BE ATTACHED TO YOUR PERMIT CARD.) YES  NO

(OVER)

12. PROVIDE THE FOLLOWING DATA FOR EACH CPA THAT CAN VERIFY QUALIFYING EXPERIENCE FOR YOU, AND SEND THEM ONE OF OUR EXPERIENCE VERIFICATION FORMS ATTACHED. LIST EMPLOYMENT DATES, IF APPLICABLE. (These forms may be reproduced if necessary.)

Firm/business name: \_\_\_\_\_  
 Firm/business mailing address: \_\_\_\_\_  
 Name/title of permit-holding CPA verifying experience: \_\_\_\_\_  
 Verifier's mailing address if different from above: \_\_\_\_\_  
 Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Part-time **hours** worked \_\_\_\_\_ Full-time **months** worked \_\_\_\_\_

Firm/business name: \_\_\_\_\_  
 Firm/business mailing address: \_\_\_\_\_  
 Name/title of permit-holding CPA verifying experience: \_\_\_\_\_  
 Verifier's mailing address if different from above: \_\_\_\_\_  
 Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Part-time **hours** worked \_\_\_\_\_ Full-time **months** worked \_\_\_\_\_

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 Name/title of permit-holding CPA verifying experience: \_\_\_\_\_  
 Verifier's mailing address if different from above: \_\_\_\_\_  
 Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Part-time **hours** worked \_\_\_\_\_ Full-time **months** worked \_\_\_\_\_

**14. PERMIT FEE:**

(CPA certificates ending in odd-numbers are licensed in odd-numbered year biennials; CPA certificates ending in even-numbers are licensed in even-numbered year biennials. Biennial periods begin on July 1. The permit fee for those applying for more than one year remaining in the appropriate biennial period pay \$150; those applying for one year or less remaining in the appropriate biennial only pay \$75. Applications pending for more than 120 days from date of receipt will be cancelled and all fees forfeited.)

**FORM OF PAYMENT:** CHECK  CREDIT CARD

Credit Card: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>	CREDIT CARD # _____ EXP. DATE (MO/YR) _____
_____ CARDHOLDER'S SIGNATURE	NOTE: IF USING A BUSINESS CREDIT CARD, PLEASE PROVIDE THE VERIFICATION CODE FOUND ON THE BACK OF THE CREDIT CARD. _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

\_\_\_\_\_  
 Date application signed

\_\_\_\_\_  
 Signature of CPA applying for permit to practice  
 Please Print/Type Name \_\_\_\_\_