

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 OR EMAILED 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
BUSINESS PERSONAL

TELEPHONES: BUSINESS: _____ FAX: _____ RESIDENCE: _____

- 1. I AM APPLYING FOR A PERMIT CLAIMING NON-ATTEST EXPERIENCE ONLY: YES
- 2. I AM APPLYING FOR A PERMIT CLAIMING ATTEST AND NON-ATTEST EXPERIENCE: YES
(SEE DEFINITIONS ON CERTIFICATE OF EXPERIENCE INSTRUCTION SHEET)
- 3. I AM APPLYING FOR A PERMIT CLAIMING 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. INTERNSHIPS MAY NOT BE USED TOWARD THE EXPERIENCE REQUIREMENT.

- 4. 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 TAX RETURNS AND/OR PAYING TAXES COLLECTED ON BEHALF OF OTHERS FOR WHICH YOU WERE RESPONSIBLE? (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. INTERNSHIPS MAY NOT BE USED TOWARD THE EXPERIENCE REQUIREMENT.

(You are not required to provide 3 different sources of experience, we have merely provided space for that amount, if necessary. 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 _____

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 Dates employed: _____ to _____ Part-time hours worked _____ Full-time months worked _____

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 Verifier's mailing address if different from above: _____
 Dates employed: _____ to _____ Part-time hours worked _____ Full-time months worked _____

13. PERMIT FEE: (non-refundable)

(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 \$165; those applying for one year or less remaining in the appropriate biennial only pay \$82.50. Applications pending for more than 90 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) _____
NOTE: IF USING A BUSINESS CREDIT CARD, PLEASE PROVIDE THE	
VERIFICATION CARDHOLDER'S SIGNATURE _____	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 _____