

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION  
 AND LICENSURE INFORMATION**

**APPLICANT:** BEFORE APPLICATION WILL BE CONSIDERED, THIS FORM MUST BE RECEIVED FROM THE STATE BOARD OF ACCOUNTANCY WHERE THE CPA EXAM WAS PASSED AND THE APPLICANT CERTIFIED. IF APPLICANT IS NOW LIVING/WORKING IN A DIFFERENT STATE, THIS FORM IS ALSO NEEDED FROM THE CURRENT STATE. THE FORM MAY BE REPRODUCED IF NECESSARY. APPLICANTS ARE TO COMPLETE THE TOP PORTION OF THIS FORM AND SEND IT TO THE APPROPRIATE STATE BOARDS, WHO SHOULD COMPLETE THE REMAINDER OF THE FORM AND RETURN IT DIRECTLY TO THE KANSAS BOARD OF ACCOUNTANCY. IT IS SUGGESTED THAT THE APPLICANT CHECK WITH THE STATE BOARDS WHERE THE FORM IS BEING SENT TO DETERMINE IF THERE ARE ANY FEES ASSOCIATED WITH SUCH VERIFICATIONS.

(PLEASE TYPE OR PRINT LEGIBLY)

<b>NAME</b> (LAST, FIRST, MIDDLE)		<b>MAIDEN NAME</b>	
<b>MAILING ADDRESS</b> (STREET/CITY/STATE/ZIP)			
<b>SOCIAL SECURITY NUMBER</b>	<b>D.O.B.</b>	<b>DAYTIME PHONE</b>	
<b>CERTIFICATE NUMBER</b>	<b>DATE ISSUED</b>	<b>PERMIT NUMBER</b>	

I HEREBY REQUEST AND AUTHORIZE THE \_\_\_\_\_ BOARD OF ACCOUNTANCY TO PROVIDE ANY AND ALL PERTINENT INFORMATION REQUESTED IN THIS FORM TO THE KANSAS BOARD OF ACCOUNTANCY TO COMPLETE AN APPLICATION FILED WITH THAT AGENCY. I AGREE THAT THE STATE BOARD MAY CONFIRM THE GRADES ISSUED TO ME BY THE ADVISORY GRADING SERVICE OF THE AICPA SHOULD THE NEED ARISE.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE SIGNED

**SECTIONS A THROUGH D ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY**

**SECTION A: VERIFICATION OF EXAMINATION CREDITS:** THE FOLLOWING ARE GRADES AWARDED ON THE UNIFORM CPA EXAMINATION(S) FOR THE APPLICANT NAMED ABOVE AS REPORTED BY THE AICPA ADVISORY GRADING SERVICE AND APPROVED UNCHANGED BY THIS BOARD. (PLEASE COMPLETE SECTION 'D' OF THIS FORM TO EXPLAIN IF ANY OF THE GRADES WERE CHANGED, IF AN EXAM OTHER THAN THE UNIFORM CPA EXAM WAS USED OR IF THERE IS ANY REASON WHY THE GRADES SHOULD NOT BE ACCEPTED. IF SEPARATE SHEET IS ATTACHED, PLEASE AFFIX OFFICIAL SIGNATURE AND BOARD SEAL.)

(PLEASE LIST ALL GRADES, INCLUDING FAILING GRADES, RECORDED FOR APPLICANT.)

DATE OF EXAMINATION	AICPA I.D. NUMBER	AUDIT	LPR	FARE	ARE
		AUDITING	LAW	THEORY	PRACTICE

1. WAS THE APPLICANT EVER DENIED ADMISSION TO THE EXAM?  YES  NO
2. IF THE APPLICANT HAS NOT COMPLETED THE CPA EXAM, ARE THERE ANY RESTRICTIONS PREVENTING HIM/HER FROM SITTING IN YOUR STATE?  YES  NO
3. NUMBER OF SUBJECTS CANDIDATE IS CREDITED WITH, IF ANY.  N/A \_\_\_\_\_
4. DATE CREDITS OR GRADES EXPIRE, IF ANY. \_\_\_\_\_

(IF YES TO QUESTIONS ABOVE, PLEASE COMPLETE SECTION 'D' OF THIS FORM TO EXPLAIN.)

**SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS:**

**CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT:**

1. THE APPLICANT HOLDS AN ORIGINAL/RECIPROCAL (MARK ONE OUT) CPA CERTIFICATE # \_\_\_\_\_ DATED \_\_\_\_\_ WHICH IS IN GOOD STANDING UNLESS OTHERWISE NOTED IN SECTION 'D' OF THIS FORM.
2. THE INDIVIDUAL HAS COMPLETED AN ETHICS EXAMINATION.  YES  NO  
EXAM PREPARED/GRADED BY:  BOARD  AICPA  OTHER: \_\_\_\_\_  
GRADE: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

**LICENSE/PERMIT TO PRACTICE PUBLIC ACCOUNTING:**

(IF LICENSING IS THE RESPONSIBILITY OF ANOTHER AGENCY, PLEASE FORWARD AND REQUEST COMPLETION OF APPLICABLE SECTION.)

3. THE APPLICANT HOLDS A LICENSE/PERMIT # \_\_\_\_\_ FROM THIS BOARD FOR THE PERIOD ENDING \_\_\_\_\_ AND IS CURRENTLY IN GOOD STANDING IN THIS STATE.  YES  NO  
(PLEASE NOTE ANY EXCEPTIONS TO THE ABOVE STATEMENT IN SECTION 'D' OF THIS FORM.)
4. IF THE APPLICANT DOES NOT HOLD A LICENSE/PERMIT FROM YOUR BOARD, PLEASE INDICATE THE REQUIREMENTS TO BE MET FOR ISSUANCE OR REINSTATEMENT:
- LICENSE/PERMIT NOT REQUIRED
  - PAY APPROPRIATE FEES AND/OR POST BOND
  - COMPLETE ACCEPTABLE ACCOUNTING/AUDITING EXPERIENCE
  - COMPLETE CONTINUING PROFESSIONAL EDUCATION REQUIREMENTS
  - OTHER (PLEASE SPECIFY) \_\_\_\_\_

**SECTION C: ADDITIONAL INFORMATION REQUESTED:**

**SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED:**

(OFFICIAL SEAL AND SIGNATURE MUST BE AFFIXED TO ATTACHED SHEETS IF NEEDED TO RESPOND TO THIS INQUIRY)

THE INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

\_\_\_\_\_  
BOARD/AGENCY

\_\_\_\_\_  
OFFICIAL SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

(BOARD SEAL)