

**AFFIDAVIT FOR DUPLICATE KANSAS CPA CERTIFICATE**

\_\_\_\_\_ Original CPA certificate was never received.

\_\_\_\_\_ Original CPA certificate was received damaged through the mail. (No fee will be charged in this instance.)

\_\_\_\_\_ Original CPA certificate was damaged after being in my possession.

\_\_\_\_\_ Original CPA certificate was lost due to the following:

\_\_\_\_\_

\_\_\_\_\_ Original CPA certificate was accidentally destroyed by the following method: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Requesting a name change to be made as follows:

**(NOTE: A NAME CHANGE REQUIRES SUPPORTING DOCUMENTATION SUCH AS MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.)**

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

**IN ALL INSTANCES EXCEPT WHERE THE CERTIFICATE HAS EITHER BEEN LOST OR DESTROYED, THE ORIGINAL CERTIFICATE MUST BE RETURNED BEFORE A DUPLICATE CERTIFICATE WILL BE ISSUED.**

Credit Card (check one): 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 _____	(REMINDER: CHECK CARD NUMBER & EXPIRATION DATE FOR ACCURACY. INACCURATE DATA WILL RESULT IN APPLICATION BEING RETURNED AS INCOMPLETE.)

**FEE: \$25.00**

**FORM OF PAYMENT: CHECK  CREDIT CARD**

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.** I, \_\_\_\_\_, hereby request that a duplicate CPA certificate be prepared for me, for the following reason(s):

Signed: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_ SS:  
COUNTY OF \_\_\_\_\_

Signed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_