

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-1422 • Fax 919-733-4209 • Web www.nccpaboard.gov

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

TO THE APPLICANT: This form is essential to the application you are filing with this Board. Before your application will be considered for approval, certain information must be verified by the board of accountancy where your examination credits and/or certificate and license status were established. Please complete the initial portion of this form and forward the form to the board of accountancy where credits and/or status were established with a self-addressed, stamped envelope. That board, in turn, will complete the remainder of this form (Sections A-D) and return it to you. You are advised to check with that board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.

TO BE COMPLETED BY THE APPLICANT:

_____ Last Name	_____ First Name	_____ Middle Name	_____ Jr./Sr./III
_____ Mailing Address			_____ Certificate No. if any
_____ City		_____ State	_____ ZIP
_____ Daytime Phone Number		_____ E-Mail Address	
_____ Date of Birth		_____ Social Security Number	

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the North Carolina State Board of Certified Public Accountant Examiners to accompany 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 American Institute of Certified Public Accountants.

_____ Applicant Signature	_____ Date
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FOR ACCOUNTANCY BOARD USE ONLY

The information provided herein is correct to the best of our knowledge.

OFFICIAL
BOARD
SEAL

Board/Agency

Official Signature

Title

Date

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 use 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 sheets are attached, please affix official signature and Board Seal.

Please list all grades, including failing grades, recorded for applicant.

Date of Examination	AICPA ID Number	AUD Auditing	BEC (LPR/Law)	FAR (FARE/Theory)	REG (ARE/Practice)

- 1) Was the applicant ever denied admission to the Exam? Yes No
If yes, please use Section D of this form to explain.
- 2) If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? (Use Section D to explain.) Yes No
- 3) Number of subjects with which candidate is credited, if any. Number N/A
- 4) Date credits or grades expire, if any.

SECTION B: CERTIFICATE/LICENSURE (Permit) STATUS

Certificate As a Certified Public Accountant:

- 1) The applicant holds original CPA Certificate number dated / / which is in good standing unless otherwise noted in Section D of this form.
- 2) The applicant holds reciprocal CPA Certificate number dated / / which is in good standing unless otherwise noted in Section D of this form.

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. (Please note any exceptions to the above statements 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) _____

- 5) Has there ever been any disciplinary action instituted against the applicant? Yes No
If yes, please explain in Section D.

SECTION C: ADDITIONAL INFORMATION REQUESTED: If CPA Certificate is valid and unrevoked, but a license to practice public accountancy is not held, may applicant refer to himself as a "CPA" in your state? Yes No

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.)