



California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANT (CPA) LICENSE
APPLICATION PROCESSING FEE \$250

SECTION I – APPLICANT TYPE

- A. I passed the CPA Exam as a California candidate and I have not been issued a valid license in any state (exclude Section III).
B. I passed the CPA Exam as a candidate of a state other than California, and I have not been issued a valid license in any state (exclude Section III).
C. I have been issued a valid license to practice public accounting in a state other than California.
D. I was once licensed in California. My CPA certificate was canceled due to nonpayment of fees (exclude Section III).
E. I passed the CAQEX/IQEX examination (exclude Section III).

In this space, glue a recent 2" x 2" passport size and quality photograph showing only your head and shoulders

SECTION II – PERSONAL INFORMATION

DO NOT WRITE IN THIS SPACE
License No.
Date Issued

- 1. Full Name (no initials)
2. List other name(s) known by
3. Residence address
4. Telephone #
5. Email address (optional)
6. U.S. Social Security/Individual Taxpayer Identification #
7. Birthdate
8. a. Are you currently serving in or have you previously served in the U.S. Military?
b. Did you previously serve in the U.S. Military and receive an honorable discharge?
c. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?
9. Current employer's name and address
10. Have you ever applied for a CPA license with the CBA?

FULL NAME (last, first, middle) _____

APPLICATION FOR CPA LICENSE

PAGE 2 OF 2

- 11. Have you ever had a professional or vocational license, permit, certificate or registration disciplined, or received any other form of enforcement action by this or any other state, agency of the federal government, or a foreign country? (**check one**) Yes No
- 12. Have you ever been cited or sanctioned for unlawfully engaging in the practice of public accountancy in another state? (**check one**) Yes No

IF THE ANSWER TO QUESTION 11 OR 12 IS "YES," PROVIDE A DETAILED EXPLANATION USING A SEPARATE SHEET OF PAPER.

SECTION III – OUT-OF-STATE LICENSEE INFORMATION

- 13. In which state(s) were you issued a CPA or PA license, permit, certificate or registration? _____
CPA certificate/license #(s) _____ Date(s) CPA certificate/license issued _____
- 14. Have you held an active license to practice public accountancy for at least four of the last ten years? (**check one**) Yes No

SECTION IV – EDUCATION

List below all schools attended after high school for which you will have an official transcript submitted. Foreign education must be evaluated by a CBA-approved foreign credentials evaluation service provider.

	DEGREE OBTAINED?	
	YES	NO

SECTION V – EXPERIENCE

- 15. I am applying for CPA licensure with (**check one**): General Accounting Experience Attest Experience (requires 500 attest hours documented on a *Certificate of Attest Experience Form*)

List below in chronological order, all public and nonpublic experience for which you will have a Certificate of Experience form submitted. You are responsible for providing each supervisor with a Certificate of Experience form for completion. The supervisor must return the Certificate of Experience form directly to the CBA.

POSITION	DATES		EMPLOYER	PUBLIC (P) PRIVATE INDUSTRY (PI) GOVERNMENT (G) ACADEMIA (A)	MAILING ADDRESS
	FROM	TO			

OUT-OF-STATE CPA LICENSEES ONLY: For self employment experience, submit a schedule listing the following information: (1) Clients’ names and addresses (2) Brief description of services rendered to the client (3) Dates services performed.

SECTION VI – CERTIFIED TRUE STATEMENT

I hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Date _____ Signature _____

By submitting this application for CPA licensure, you are acknowledging that you have read and understand the Rules of Professional Conduct adopted by the CBA. Reference California Business and Professions Code, Chapter 1 of Division 3, Article 3.5 (starting at section 5060) and California Code of Regulations Title 16, Division 1, Article 9 (starting at section 50).

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy (CBA), to determine qualifications for a Certified Public Accountant License. Business and Professions Code (BPC) sections 27, 141, 480, 5019, and 5080 through 5095 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete.

Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the CBA, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24.

Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act.

Disclosure of your social security number is mandatory and collection is authorized by BPC sections 30 and 31. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, you may be reported to the Franchise Tax Board (FTB) and be assessed a penalty of \$100.

Effective July 1, 2012, the California Department of Tax and Fee Administration (CDTFA) and the FTB may share taxpayer information with the CBA. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid and your name appears on either the CDTFA or FTB certified list of top 500 tax delinquencies.

Your name and residence address or alternative address ("address of record") listed on this application or personal data card will be disclosed to the public upon request through license verification on the CBA website, if and when you become licensed per BPC section 27.

The Executive Officer of the CBA is responsible for maintaining the information in this application, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.

DEFINITION OF DISCIPLINARY ACTION

For the purposes of responding to question 11, "disciplinary action" is an administrative action that resulted in a restriction or penalty being placed on any professional license you have or have possessed, such as a revocation, suspension, probation, consent order, or letter of reprimand. It includes all discipline, penalty or sanctions imposed by the Public Company Accounting Oversight Board or the United States Securities and Exchange Commission. It does not include other types of administrative actions such as citations and fines, orders of abatement, or orders to take specified continuing education courses. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.