

**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

**EXPERT CONSULTANT APPLICATION**

<b>Contact Information</b>			
Last Name		First Name	Middle Initial
Mailing Address		City	
State	Zip	Email Address	
Business Phone #	Cell Phone #	Alternate Phone #	
Alternate Address, if different from above			
<b>California License Information</b>			
CPA License Number			
CPA Firm Licenses/Other Licenses			
<b>Out-of-State/Country License Information</b>			
CPA Licenses/Firm Licenses, Other Licenses			

**Questionnaire**

Please answer the following questions:

- Are you currently practicing public accountancy?  Yes  No
- 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?  Yes  No

*(If yes, please provide a detailed explanation in the box below.)*

3. Please indicate your applicable area(s) of expertise in the practice of public accountancy, including years of experience.

Area of Practice	X	Year(s)
Independence/Ethics		
Business Management		
Forensic Accounting		
Conducts Peer Reviews		
Litigation Support		
Consulting		
Trust/Estate Tax		
Partnership/Corporate Tax		
Individual Tax		
Pension Plan Audit		
Not For Profit Audit		
Government Audit		
Small Business Audit		
Public Company Audit		
Compilation/Review		
Bookkeeping		
Small Firm – Years of Experience		
Large Firm – Years of Experience		

4. Please list any additional relevant experience.

5. Please indicate your hourly compensation rate.

**Certification of Information**

I hereby certify that all information provided in this application is true and correct, and I understand that any misstatements of material facts will subject me to disqualification. I understand that if I am selected, I will be required to comply with the terms of the security/confidentiality agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

IF INTERESTED, PLEASE SUBMIT COMPLETED APPLICATION AND RESUME TO:

California Board of Accountancy  
Experts Program - Enforcement Division  
2450 Venture Oaks Way, Suite 300  
Sacramento, CA 95833-3291

Or via email to [experts@cba.ca.gov](mailto:experts@cba.ca.gov)