



**Section B: Certificate / Licensure Status**

**Certificate As A Certified Public Accountant:**

- 1. The applicant holds an active original/reciprocal (mark out one) CPA Certificate No. \_\_\_\_\_, dated \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, which is in good standing unless otherwise noted in Section **D** of this form.
- 2. Confirmation was received that the applicant has earned a baccalaureate or more advanced degree.  Yes  No

**License to Practice Public Accounting As a Certified Public Accountant:**

(If licensing is the responsibility of another agency, please forward and request completion of the applicable section.)

- 3. The applicant holds a CPA license 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 statements in Section **D** of this form.)

- 4. If the applicant does not hold a license from your Board, please indicate the requirements to be met for issuance or reinstatement:

License not required ..... \_\_\_\_\_  
Pay appropriate fees and/or post bond ..... \_\_\_\_\_  
Complete acceptable accounting/auditing experience ..... \_\_\_\_\_  
Complete continuing professional education requirements ..... \_\_\_\_\_  
Other: (Please specify) \_\_\_\_\_

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**Section C: Additional Information Requested**

- 1. Does your Board issue reciprocal CPA certificates to residents of Louisiana?  Yes  No
- 2. Has the applicant ever been censured by your Board?  Yes  No  
(If yes, please explain in Section **D** of this form.)
- 3. Has your Board ever suspended or revoked the applicant's certificate or license to practice?  Yes  No  
(If yes, please explain in Section **D** of this form.)

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**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.)

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

Name of State Board: \_\_\_\_\_

Signature: \_\_\_\_\_

(BOARD SEAL)

Title: \_\_\_\_\_

Date: \_\_\_\_\_