

APPLICATION FOR CPA-RETIRED STATUS

DO NOT WRITE IN THIS SPACE

STATE BOARD OF CPAs OF LOUISIANA
601 Poydras Street, Suite 1770 New Orleans, Louisiana 70130
(504) 566-1244 www.cpaboard.state.la.us

Reviewed.....
Approved.....

This application can only be used by a licensee who has held an ACTIVE Certificate for a minimum of twenty (20) consecutive years and has reached the age of fifty-five (55) years or older in the year of application or are disabled. Please refer to LA R.S. 37:73 (6) (a) for further restrictions on the use of the CPA-Retired status.

1. Full name _____

2. Social Security No. _____ Date of birth _____ Age _____

a. CPA Cert. No. _____ Issue date: Month _____ Day _____ Year _____

3. Are you using an Active Certificate in another state to meet the 20 year requirement? Yes _____ No _____

a. If yes, what state? _____ Please submit verification from state showing your active certificate history.

4. Address and phone numbers (include street and post office box if applicable):

a. Preferred mailing address: [] Residence [] Mailing

b. Email address: _____

c. Residence:

d. Mailing:

Phone no. (____) _____

Phone no. (____) _____

5. CPA License History:

- Yes No Have you held an active license/certificate for a minimum of twenty (20) consecutive years?
- Yes No Are you an owner, partner, shareholder, member, contractor, contractee, or employee of a CPA Firm?
- Yes No Do you wish to apply for CPA-Retired status due to a medical disability? If yes, please submit the nature of the disability and any supporting documentation.

6. Conviction and Disciplinary Matters:

- Yes No Have you been charged or convicted of a felony, or entered a plea of guilty or nolo contendere to a felony that you have not previously disclosed to this Board?
- Yes No Are you presently under investigation for any of the above?
- Yes No Have you ever had a professional certification or license denied, revoked, restricted or suspended?

For any "Yes" response, enclose details separately including the court name and case number or agency and file no.

7. Signature:

By signature, I certify that I will not perform any services set forth in the Louisiana Accountancy Act, but I may perform uncompensated volunteer services as long as I do not sign any documents related to such services using the title CPA. If I wish to change from CPA-Retired to Active or CPA Inactive status, I shall comply with provisions prescribed by Board Rule.

Enclose a check for payment of the **\$50 Application fee** (payable to State Board of CPAs).

Applicant's signature: _____

Date: _____

If you have questions, contact the Board's office at (504) 566-1244.