

2020 Annual Renewal of RETIRED Certificate

All questions must be answered - INCOMPLETE FORMS CANNOT BE PROCESSED - DUE BY DECEMBER 31, 2019*

1. CONTACT INFORMATION

Name: _____

Certificate NO. _____ Date of Birth _____

Email address _____

YES NO Has your name changed since your last renewal? (If so, you must attach supporting documentation.)

Which is your preferred mailing address: Residence - or - Mailing

Residence

Mailing Address

Phone No. _____

Phone No. _____

2. PRINCIPAL EMPLOYMENT INFORMATION

Employer Name _____ Position/Title: _____

3. CONFIRMATIONS

YES NO Have you been charged with, convicted of, or pled guilty or nolo contendere to any felony, or to a misdemeanor an element of which was fraud or dishonesty, since your last renewal or *that you have NOT previously disclosed* to the Board? **If YES, attach details, including the name of the court and the case no.**

YES NO Have you been the subject of any type of investigation or discipline by a licensing board, state or federal agency, regulatory authority, or professional CPA association or society relating to your employment or practice since your last renewal or *that you have NOT previously disclosed* to the Board? **If YES, attach details and copy of official order or pertinent documents.**

4. RENEWAL FEE

Please enclose a check made payable to the State Board of CPAs of Louisiana in the amount of \$30.

All responses are true and correct. Further, 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.

Signature _____

Date _____

* The Board will not assess a late fee for Retired CPAs.