

State Board of CPAs of Louisiana

Reference Signature Form for Reciprocal Applicants

As a reciprocal applicant, you must submit reference signatures from three individuals that can attest to your moral character. The reference must have known the applicant for a period of 12 or more months. References should be from CPAs or substantial and representative business or professional individuals.

NOTE: If necessary, this form may be copied. Your application will not be complete until all three reference signatures have been received.

Part 1 – To be completed by the applicant:

1. Applicant Name: _____
First
M.I.
Last

2. Address _____
Street
City
State
Zip
Phone number
email address

3. State of Current Active CPA License _____ 4. CPA License Number _____

Part 2 – Reference Signatures (to be completed by the references)

By signature, I certify that I am personally acquainted with this applicant; that I am not related to applicant; that to my knowledge applicant has never been convicted of a felony or declared by any court of competent jurisdiction to have committed any fraud; that I know applicant to be of good moral character. I also certify that I personally have never been convicted of a felony or declared by any court of competent jurisdiction to have committed any fraud.

	First Reference	Second Reference	Third Reference
Name			
Occupation			
Business or Firm Name			
Address			
Phone number			
Email address			
Known Since (Year)			
Signature of Reference			

RETURN THIS FORM TO: State Board of CPAs, 601 Poydras St. Ste 1770, New Orleans, LA 70130