SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 E 14th Street Suite 200 Sioux Falls, SD 57104 (605) 367-5770

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

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This form is essential to the application you are filing with this Board. Before approval of your application, the Accountancy Board must verify your examination credits and/or certificate and license status. Please complete the initial portion of this form and then forward it to the Board of Accountancy where credits and/or status were established. That Board, in turn, will complete the remainder of this form (Sections A-D) and return it to this agency. You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.

## TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

| lr            | Ms                      | First Name | Middle Na                                                  | ne                        | Last Name            | Maiden Name                   |  |
|---------------|-------------------------|------------|------------------------------------------------------------|---------------------------|----------------------|-------------------------------|--|
|               | Current Mailing Address |            |                                                            |                           | Certificate I        | ate Number (if applicable)    |  |
|               |                         | City       | State                                                      | Zip + Four                | Telephone Nu         | umber (During business hours) |  |
| Date          | of Birth                | Soci       | al Security Number                                         | E-Mail                    |                      |                               |  |
| requ<br>State | ested in th             |            | n Dakota Board of Accountar<br>res issued to me by the Adv | ncy to complete an applie | cation filed with th |                               |  |
|               |                         |            | Арр                                                        | olicant Signature         |                      | Date Signed                   |  |

## SECTIONS A THROUGH D ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY:

## **SECTION A: VERIFICATION OF EXAMINATION CREDITS**

The following are scores awarded on the Uniform CPA Examination(s) for the applicant named above as reported by the AICPA Advisory Grading Service. Please use Section D of this form to explain if any of the scores were changed, if an exam other than the Uniform CPA exam was used, or if there is any reason why the scores should not be accepted. If a separate sheet is attached, please affix official signature and Board Seal to it also.

| Date of     | AICPA       | AUD                    | LPR/BEC       | FARE/FAR | ARE/REG  |
|-------------|-------------|------------------------|---------------|----------|----------|
| Examination | I.D. Number | Auditing & Attestation | BusEnv&Concpt | Theory   | Practice |
|             |             |                        |               |          |          |
|             |             |                        |               |          |          |
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|             |             |                        |               |          |          |

| 1. Was the applicant ever denied admission If yes, please use Section D of the               |                                                   |                                                        | No                           |                    |  |
|----------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|------------------------------|--------------------|--|
| <ul><li>2. If the applicant has not completed the CP use Section D to explain. Yes</li></ul> | A exam, are there any re                          |                                                        | her from sitting in yo       | our state? If yes, |  |
| 3. If the candidate has not passed all parts of for which credit has been given.             |                                                   |                                                        | ow the expiration dat        | e of parts passed  |  |
| Date credits expire                                                                          | //                                                | N/A                                                    |                              |                    |  |
| SECTION B: CERTIFICATE/LICENSU                                                               | RE (PERMIT) STATU                                 | <u>US</u>                                              |                              |                    |  |
| Certificate as a Certified Public Accountant:                                                |                                                   |                                                        |                              |                    |  |
| 1. The applicant was granted an original/rec                                                 | iprocal (highlight one) (h is in good standing un | CPA certificate number_<br>less otherwise noted in Sec | is ction D of this form.     | sued on            |  |
| 2. The individual has completed an ethics ex BoardAICPA                                      | cam. YesNo<br>Other                               | N/A Exam Date passed /                                 | prepared and graded _/ Score | by:                |  |
| License/Permit to practice public accounting                                                 | <u>÷</u>                                          |                                                        |                              |                    |  |
| If licensing is the responsibility of another as                                             | gency, please forward ar                          | nd request completion of a                             | pplicable section.           |                    |  |
| 3YesNo This state                                                                            | s a two-tier state.                               |                                                        |                              |                    |  |
| 4No The license                                                                              | e/permit from this Board                          | l is in good standing and e                            | xpires on/_                  |                    |  |
| 5No The applic                                                                               | ant is currently licensed                         | to engage in the practice of                           | of public accounting,        | including attest.  |  |
| 6YesNo Has there expected Section D.                                                         | ever been any disciplina                          | ry action instituted against                           | the applicant? If ye         | s, explain in      |  |
| 7. If the applicant does not hold a license/pereinstatement:                                 | rmit from your Board, p                           | please indicate the requiren                           | nents to be met for is       | suance or          |  |
| License/Permit not required                                                                  |                                                   |                                                        |                              |                    |  |
| Pay appropriate fees and/or pos                                                              | t bond                                            |                                                        |                              |                    |  |
| Complete acceptable accounting                                                               | g/auditing requirements                           |                                                        |                              |                    |  |
| Complete continuing profession                                                               | nal education requiremen                          | nts                                                    |                              |                    |  |
| Other: (please specify)                                                                      |                                                   |                                                        |                              |                    |  |
| SECTION C: ADDITIONAL INFORMA                                                                | TION REQUESTED                                    |                                                        |                              |                    |  |
| 1. Does your Board issue reciprocal CPA ce                                                   | ertificates to residents of                       | South Dakota?                                          | Yes                          | No                 |  |
| SECTION D: EXCEPTIONS NOTED O                                                                | R EXPLANATIONS O                                  | OF INFORMATION PRO                                     | OVIDED - (Official           | Seal and signature |  |
| must be affixed to the attached sheets if need                                               | led to respond to this inc                        | quiry)                                                 | •                            |                    |  |
|                                                                                              | The information pr                                | ovided herein is correct to                            | the best of our know         | /ledge             |  |
| OFFICIAL<br>BOARD<br>SEAL                                                                    |                                                   | Board/Agency                                           | y                            |                    |  |
| SEA LE                                                                                       |                                                   | Official Signature                                     |                              |                    |  |
|                                                                                              |                                                   | Title                                                  |                              |                    |  |

BOA7 (revised 06/12)