

1. Was the applicant ever denied admission to the exam? Yes _____ No _____
If yes, please use Section D of this form to explain.
2. If the applicant has not completed the CPA exam, are there any restrictions preventing him/her from sitting in your state? If yes, use Section D to explain. Yes _____ No _____.
3. If the candidate has not passed all parts of the CPA exam, but has conditioned, indicate below the expiration date of parts passed for which credit has been given.

Date credits expire _____ / _____ / _____ N/A

SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS

Certificate as a Certified Public Accountant:

1. The applicant was granted an original/reciprocal (highlight one) CPA certificate number _____ issued on _____ / _____ / _____ which is in good standing unless otherwise noted in Section D of this form.
2. The individual has completed an ethics exam. Yes _____ No _____ N/A _____ Exam prepared and graded by: Board _____ AICPA _____ Other _____ Date passed _____ / _____ / _____ Score _____

License/Permit to practice public accounting:

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

3. _____ Yes _____ No This state is a two-tier state.
4. _____ Yes _____ No The license/permit from this Board is in good standing and expires on _____ / _____ / _____.
5. _____ Yes _____ No The applicant is currently licensed to engage in the practice of public accounting, including attest.
6. _____ Yes _____ No Has there ever been any disciplinary action instituted against the applicant? If yes, explain in Section D.
7. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:
 _____ License/Permit not required
 _____ Pay appropriate fees and/or post bond
 _____ Complete acceptable accounting/auditing requirements
 _____ Complete continuing professional education requirements
 _____ Other: (please specify) _____

SECTION C: ADDITIONAL INFORMATION REQUESTED

1. Does your Board issue reciprocal CPA certificates to residents of South Dakota? _____ Yes _____ No

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED - (Official Seal and signature must be affixed to the attached sheets if needed to respond to this inquiry)

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

OFFICIAL
BOARD
SEAL

Board/Agency

Official Signature

Title