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| <i>Official Use Only</i> |
| Number: _____ |
| Date Approved/Denied: _____ |
| Approved/Denied By: _____ |

Certified Public Accountant

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

**Driver License
or State ID
Card:**

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

| | |
|--|---|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way? |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction? |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ? |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored? |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse? |
| 6. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years? |
| 7. <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws? |
| 8. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated? |
| 9. <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you currently have any criminal action pending?* |
| 10. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? * |
| 11. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?* |
| 12. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?* |

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Verification of Experience for Licensure as a CPA

Applicants for Initial Licensure only. Each supervisor must complete a separate form.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EMPLOYMENT INFORMATION

To be completed by the supervising CPA:

Name of Employer: _____ **License Number** *(if applicable):* _____

Name of Supervisor: _____ **License Number:** _____

Employer Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Was employment continuous? : **Yes** **No:** *If no, please complete a separate form for each period of employment.*

Total Hours of Accounting Experience: _____

Is the applicant still employed? **Yes** **No**

If no, is the applicant re-hirable? **Yes** **No: Please explain:** _____

I understand that "Accounting Experience" means applying accounting and auditing skills and principles that are taught as a part of the professional education qualifying a person for licensure under UCA 58- 26a and generally accepted by the profession while under the supervision of a licensed certified public accountant.

I certify that the information contained in this verification is truthful, complete and discloses all material facts regarding the applicant. I further certify that the applicant satisfactorily completed a program of accounting experience.

Signature of Supervisor: _____ **Date:** _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- \$85.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 2 of the application for more information.
- Pass the Utah CPA Law and Rules Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the Utah Laws and Rule Examination. Submit the fees directly to the testing agency.
- Official documentation of your passing the AICPA Professional Ethics for CPAs Exam.

INITIAL LICENSURE

If applying for **Initial Licensure**, *in addition* to the items required for all applicants, you must submit:

- Official documentation of your passing score on the Uniform CPA Examination. If you took the exam in another jurisdiction, an official verification of your license *that includes* exam scores is acceptable.
- Verification of Experience for Licensure as a CPA, page 3 of this application. **Note:** Each supervisor must complete a separate form for each period of employment. The total of all forms must equal 2000 hours of accounting experience.
- Official transcripts* documenting your degree, and any courses required to meet the education requirements set forth in Section R156-26a-302a of the Utah CPA Licensing Act Rules. **Note:** Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.

* *Foreign trained applicants should contact NASBA at www.nasba.org for information on obtaining an evaluation of their education. Upon completion of the evaluation, please submit the findings to DOPL with this application to determine if any additional requirements are needed to become licensed.*

LICENSURE BY ENDORSEMENT

If you are currently licensed as a CPA in another state, you may apply for **Licensure by Endorsement**. *In addition* to the items required by all applicants, you must submit the following:

- Official verification of license from one or more states in which you held a license to practice as a CPA. Verifications must cover the time period used to qualify for endorsement and include verification of the exams used to obtain licensure. **Note:** *If you are unable to verify exams through license verification, you may submit the items listed for "Initial Licensure" applicants as documentation of meeting the exam requirements.*
- Documentation of one of the following:
 - o Verification of at least 8,000 hours of licensed professional experience as defined in 58-26a-102 (16) within the last 10 years.
 - o If you were licensed in another state, prior to 1994, you may provide verification that the education, experience and exams used for licensure were equivalent to the Utah requirements at the time you were originally licensed.

Note: *If you are currently licensed, but do not have at least 8,000 hours of professional experience and were licensed after 1994, you may submit all the items required for initial licensure in lieu of the items for licensure by endorsement.*

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741