



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Request for CPA-Emeritus License

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Requesting Emeritus Status on License Number: _____

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 ID/License Number Expiration Date

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

AFFIDAVIT AND RELEASE

1. I certify that my license is in good standing.
2. I understand that I must continue to pay the renewal fees for my emeritus license.
3. I understand that I may not practice while my license is in emeritus status, and that I must apply for and receive notification of my active license before resuming practice.
4. I understand that I must meet current renewal requirements and pay a reactivation fee to return my license to active status.
5. I understand that I am responsible to update the Division of any changes relating to my license.

Signature of Applicant: _____ Date: _____

The following items are required to complete your emeritus request:

- \$50.00 non-refundable application processing fee, made payable to "DOPL".
 Submit the license and wallet copy of the license you wish to change to emeritus status.

Submit the above items with your completed application to:

In person or via express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741