

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

Request for CPA-Emeritus License

APPLICANT INFORMATION

Full Legal Name: _____
*First**Middle**Last*

All Previous Legal Names: _____

Requesting Emeritus Status on the following 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**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 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 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