

**Delaware**

**Attestation**

- Under penalty of perjury, I certify that I am of good moral character and to the truth and accuracy of all statements, answers and representations made in the foregoing application, and in all supplementary statements and materials.
- I attest that I have reviewed the educational requirements for the State of Delaware and believe that I meet those requirements as stated therein. I understand that all educational and experience requirements must be met to receive a CPA certificate. I also agree to appear in person, if requested, at a time and place determined by the Board or to furnish additional information for the purpose of aiding the Board in the determination of my qualifications.
- I confirm that I have read the Information for Applicants and the Candidate Bulletin. I agree that in the event my examination(s) results are unscorable, any claim I may have will be limited to the examination fee paid by me.
- I understand and agree that I will not divulge the nature or content of any examination question or answer to any individual or entity; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any examination materials from the examination room. Failure to comply with this attestation may result in my examination score(s) being invalidated, disqualification from future Uniform CPA Examinations, and facing possible civil and criminal penalties.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me personally appeared \_\_\_\_\_, being known to me, who signed the above application, and who, being duly sworn, declared that the statements therein made were true and correct.

(SEAL) \_\_\_\_\_  
(Notary Public)

**MAIL THIS DOCUMENT TO: CPA Examination Services- DE, PO Box 198469, Nashville, TN 37219**