

# WASHINGTON

## Re-examination Registration Invoice for the Uniform CPA Examination

This Form is to be completed only by candidates who have been notified by CPA Examination Services that they are eligible to sit for the Uniform CPA Examination and have previously applied with CPA Examination Services. Please complete the Invoice and submit along with the appropriate fees.

### PART 1- Candidate Information

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

First Name: \_\_\_\_\_ M. I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
**Must exactly match the name on your identification.**

Maiden/Previous Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Title (select one): \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss Gender\* (optional): \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity\* (optional) select all that apply:

\_\_\_\_\_ African-American \_\_\_\_\_ American Indian, Eskimo \_\_\_\_\_ Asian, Pacific Islander  
\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Caucasian \_\_\_\_\_ Other

### PART 2 – Contact Information

Residence Address: \_\_\_\_\_

CITY STATE ZIPCODE/POSTAL CODE

PROVINCE COUNTRY

Primary Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact preference (select one): \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

CITY STATE ZIPCODE/POSTAL CODE

PROVINCE COUNTRY

### PART 3 – Examination Information - **select** section(s) to be taken

Registration Fee: 4 exam sections - \$120.00 3 exam sections (any combination) - \$105.00  
2 exam sections (any combination) - \$90.00 1 exam section - \$75.00

\_\_\_\_\_ Auditing and Attestation - (AUD) \$195.35  
\_\_\_\_\_ Business Environment & Concepts - (BEC) \$176.25  
\_\_\_\_\_ Financial Accounting & Reporting - (FAR) \$195.35  
\_\_\_\_\_ Regulation - (REG) \$176.25

Add the Registration fee and each section(s) you selected to be taken. Enter the total amount to be paid here: \$\_\_\_\_\_.

Certified check, personal check or money order should be made payable to "CPA Examination Services."  
Candidates are advised to only apply for a section of the examination they are ready to take within the **next six months**.

## PART 4 – Examination Requirements

1. Since the last time you applied, are you transferring credit from another state?  YES  NO If YES, what state? \_\_\_\_\_  
If YES, you are required to submit the Washington Score Transfer Authorization form to the jurisdiction from which the original credit was earned. The form must be received within 10 days of receipt of the Re-examination Invoice, and is available on our website.
2. Since the last time you applied, have you passed the entire CPA examination in this state or any other state?  
 YES  NO If YES, what state? \_\_\_\_\_
3. Since the last time you applied, have you been licensed as a CPA in this state or any other state?  YES  NO  
If YES, what state? \_\_\_\_\_
4. Do you require examination modification according to the Americans with Disabilities Act?  YES  NO  
If YES, you are required to submit the ADA Modification Form, along with supporting documentation, when submitting the Re-examination Invoice. The form is available on our website.
5. I give CPA Examination Services permission to release my name and address to CPA Review Course providers, firms and other organizations.  YES  NO

### 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 confirm that I have read the Information for Candidates and the Candidate Bulletin. I agree that in the event my examination(s) results are unable to be scored, 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.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

**MAIL TO:** CPA Examination Services - WA, PO Box 198469, Nashville, TN 37219.

**NOTE:** Your responses to the background questions\* will be kept strictly confidential. The information will be used in the aggregate only for important research regarding the exam.

# OPTIONAL QUESTIONS

1. Indicate your undergraduate major:

<input type="checkbox"/> Social Science	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business: Finance
<input type="checkbox"/> Science	<input type="checkbox"/> Medicine/Nursing/Pharmacy	<input type="checkbox"/> Business: Marketing
<input type="checkbox"/> Engineering/Mathematics	<input type="checkbox"/> Consumer Science/Human Ecology	<input type="checkbox"/> Other Business
<input type="checkbox"/> Humanities	<input type="checkbox"/> Economics	<input type="checkbox"/> Other
<input type="checkbox"/> Education	<input type="checkbox"/> Business: Accounting	

2. Indicate the total number of graduate and undergraduate semester credits you have earned (or expect to earn) in all subjects.

Less than 120    
  120- 130    
  150-160    
  160 +

3. When did you decide to study accounting? (select one)

<input type="checkbox"/> In high school	<input type="checkbox"/> Lower division college	<input type="checkbox"/> Upper division college
<input type="checkbox"/> After undergraduate degree	<input type="checkbox"/> Other	

4. Indicate the total number of semester hours in accounting you have earned (or expect to earn). (Exclude business law.) \_\_\_\_\_ hours

5. Of the semester hour total in accounting, how many hours were earned in community college? \_\_\_\_\_ hours

6. Indicate your overall undergraduate grade point average (GPA): \_\_\_\_\_

7. Indicate your grade point average (GPA) in accounting-related courses: \_\_\_\_\_

8. Indicate the date you completed your last accounting course: \_\_\_\_\_ Month \_\_\_\_\_ Year

9. How much work experience do you have in accounting or accounting related field(s)? \_\_\_\_\_ Years \_\_\_\_\_ Months

10. Indicate with an "X", by type of course, any supplementary study you undertook in the last six months to prepare for each of the sections.

	College Sponsored (Non-credit course)	Review Course (privately operated)	Firm-Sponsored (given by employer)	Other
AUD	_____	_____	_____	_____
BEC	_____	_____	_____	_____
FAR	_____	_____	_____	_____
REG	_____	_____	_____	_____