MAINE
FIRST-TIME APPLICATION FOR THE UNIFORM CPA EXAMINATION

PART 1- APPLICANT 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 ___Prefer Not to Answer

Ethnicity* (optional) select all that apply:
___African-American ___American Indian, Eskimo ___Asian, Pacific Islander 
___Hispanic or Latino ___Caucasian ___Other ___Prefer Not to Answer

PART 2 - CONTACT INFORMATION

Residence Address: __________________________________________________________________________________________

Residence Address: _________________________________________________________________________________________ 

City: ___________________________________ State: ____________________________ Zip Code: ________-

Province: ___________________________________ Country: ________________________________

Daytime Telephone Number: (_____) _______________________
Fax Number: __________________________________

Email Address: ______________________________________________________________________________________________

Contact preference (select one): ___Email ___Fax ___Mail

Business Name: ______________________________________________________________________________________________

Business Address: ____________________________________________________________________________________________

City: ___________________________________ State: ____________________________ Zip Code: ________-

Province: ___________________________________ Country: ________________________________

Telephone Number: (_____) ______________________________ Fax Number: ________________________________

PART 3 - EXAM INFORMATION (Select section(s) to be taken)

Application Fee $145.00
___Auditing and Attestation - (AUD) $195.35
___Business Environment & Concepts - (BEC) $176.25
___Financial Accounting & Reporting - (FAR) $195.35
___Regulation - (REG) $176.25

Add the Application 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.”

Applicants are advised to only apply for a section of the examination if they are ready to take it within the next six months.
PART 4 - EXAM REQUIREMENTS

1. Is this the first time you are applying for the Uniform CPA Examination in Maine? ___YES ___NO
   If NO, indicate the most recent date on which you took the examination. ________________________
   MONTH/YEAR

2. Have you ever taken the Uniform CPA Examination in any other state? ___YES ___NO
   If YES, what state? ___________

3. Are you transferring credit from that state? ___YES ___NO
   If YES, you are required to submit the Maine Authorization for Interstate Exchange of Score Information form to the state jurisdiction from which the original credit was earned. The form must be received within 10 days of receipt of the First-time Application. The form is available on our website.

4. Have you ever been denied permission to take the Uniform CPA Examination for a reason other than not meeting the educational requirements? ___YES ___NO

5. Have you ever passed the entire CPA examination in this state or any other state? ___YES ___NO
   If YES, what state? ___________

6. Have you ever been licensed as a CPA in this state or any other state? ___YES ___NO
   If YES, what state? ___________

7. Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or entered a plea of guilty or nolo contendere, or a plea under the “first offender act”? ___YES ___NO
   If YES, Date of conviction: ________________

8. Have you ever had your right to practice before any state or federal agency suspended or revoked? ___YES ___NO

   If you answered YES to questions 4, 6, 7 or 8, attach detailed information and a copy of legal documentation including, if applicable, the location and date of arrest, the exact nature of the charge, the sentence imposed, and a full explanation of the circumstances surrounding the incident. Include docket/case number, court name, and city and county of jurisdiction.

9. Do you presently hold a Maine Public Accountant Certificate? ___YES ___NO
   If YES, specify certificate number: ___________

10. 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 First-time Application. The form is available on our website.

11. I give CPA Examination Services permission to release my name and address to CPA Review Course providers, firms and other organizations. ___YES ___NO

PART 5 - EDUCATION: See information sheet for educational requirements.

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<thead>
<tr>
<th>Name of Academic Institution</th>
<th>Dates Enrolled</th>
<th>Degree (Major &amp; Minor)</th>
<th>Date of Degree (Month/Year)</th>
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PART 6 - EMPLOYMENT HISTORY:
Provide your complete employment history for the last ten years, or since you graduated from high school (whichever is shorter) beginning with your present employer. For any periods during which you were not employed, explain your occupation or activities, such as student, stay-at-home parent, military services, etc. If you were self-employed during any period, state and give the name of your business.

<table>
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<tr>
<th>Employer</th>
<th>Street Address</th>
<th>City/State/Zip Code</th>
<th>Employment Dates</th>
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PART 7 - REFERENCES.
Provide the names and addresses of the three persons whom you have asked to write letters of reference in support of your application for CPA candidacy. (Please note that reference letters may not be provided by persons related to you, and that only one of the three letters may be submitted by an employer or instructor whose acquaintance with you is based only on work or study.)

Reference letters must be received by CPA Examination Services, Maine Coordinator at the time of application.

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<tr>
<th>Print Name</th>
<th>Address (Including Street, City &amp; State)</th>
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PHOTOGRAPH

In the space provided on the right, glue or staple a 2"x2" "passport" photograph taken within the last three months, showing your head and shoulders only.

ATTESTATION and AFFIDAVIT

• 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 Maine 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 unable to be scored, any claim I may have will be limited to the examination fee paid by me.

• I authorize the Board to use my social security number for identification purposes in record keeping; information exchanges with state agencies (Maine and other states), federal agencies, and other data sources; and when performing criminal history checks and other background investigations that may be required to verify all information I have provided on this application. I understand that discovery of false information in this application or of relevant criminal history may result in denial of my application.

_________________________________________________                  __________________________
Signature of Applicant                                                                         Date

State of_____________________________________ City/County of_______________________________________

On this _________________________day of _________________________ 20____ be me personally appeared

____________________________________ to me known as the person described in and who executed the foregoing

application, who being duly sworn, did depose and say that the statements therein contained are true.

Subscribed and sworn before me the day and year aforesaid.

________________________________________________
Notary Public

My commission expires

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.

Mailing Address: CPA Examination Services-ME, PO Box 198469, Nashville, TN 37219
1. Indicate your undergraduate major:

- Social Science
- Agriculture
- Business: Finance
- Science
- Medicine/Nursing/Pharmacy
- Business: Marketing
- Engineering/Mathematics
- Consumer Science/Human Ecology
- Other Business
- Humanities
- Economics
- Other
- Education
- 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)

- In high school
- Lower division college
- Upper division college
- After undergraduate degree
- 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.

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<th>College Sponsored (Non-credit course)</th>
<th>Review Course (privately operated)</th>
<th>Firm-Sponsored (given by employer)</th>
<th>Other</th>
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