CPA LICENSING SERVICES

Instruction Sheet for Application Form

- Complete the form in its entirety.
- Type or print in blue or black ink.
- Any dates given within this application should be in the format of mm/dd/yyyy.
- If you answer "yes" to any of the questions 11-15, provide an explanation on a separate sheet of paper and include any supporting documentation.
- Sign and Date.

CPA LICENSING SERVICES

Colorado

Application for CPA Certificate Reciprocity Applicant

First Name:_____ Middle Name:_____ Last Name: _____

Date of Birth:_____ U.S. Social Security Number: _____

Email:_____ Telephone Number: _____

RESIDENCE ADDRESS

Address _____

_____

City_____ State_____ Zip_____

BUSINESS ADDRESS

Address _____

_____

City_____ State_____ Zip_____

◯ Yes ◯ No	1. Are you a resident of Colorado?
	2. When did you become a resident of Colorado?_____
◯ Yes ◯ No	3. Do you hold an active CPA license to practice? List Jurisdiction(s): _____ License Number(s): _____ Expiration Date: _____
◯ Yes ◯ No	4. Have you completed and passed the 8-hour Ethics course and Examination entitled, Professional Ethics: AICPA's Comprehensive Course?
◯ Yes ◯ No	5. Has discipline ever been taken against your authority to practice as a certified public accountant or a public accountant in any jurisdiction (including any foreign country)? Date(s): _____ Jurisdiction(s): _____ Describe: _____
◯ Yes ◯ No	6. Has discipline ever been taken against your right to practice before any state or federal agency or agency outside the United States or the public company accounting oversight board ("PCAOB") for improper conduct or willful violation of the rules or regulations of such agency or the PCAOB? Date(s): _____ Jurisdiction(s): _____ Describe: _____
◯ Yes ◯ No	7. I affirm that I have complied with all the licensure requirements in the state I am listing as my reciprocal state.
◯ Yes ◯ No	8. I will complete a Colorado Rules and Regulations Course (2 hours minimum) within 6 months following licensure. A Colorado Rules and Regulations Course (2 hours minimum) completed within the 6 months immediately preceeding the date the Board grants the initial Certificate will satisfy this requirement.
◯ Yes ◯ No	9. I understand that I must complete 10 hours of Continuing Professional Education for every full quarter of every Reporting Period in which I am actively licensed in Colorado, including any full quarter remaining in the Reporting Period in which I received my initial license in Colorado.
◯ Yes ◯ No	10. Have you read and do you fully understand the Accountants Practice Act [C.R.S. 12-2-101, et. seq] and the Rules of the Colorado State Board of Accountancy, 3 CCR 705-1?
◯ Yes ◯ No	11. While residing in Colorado, have you engaged in any activity that informs or implies or tends to indicate to others that you are a CPA ("Holding Out")? This includes, but is not limited to, any oral or written representation, such as business cards or letterhead, resumes, biographies, the display of a certificate evidencing a CPA designation, or the listing as a CPA in directories or on the internet? If yes, describe on a separate sheet of paper and include a copy of your business card or letterhead.

◯ Yes ◯ No	12. While residing in Colorado, have you performed for a Client or offered to perform for a Client or potential Client, one or more kinds, or any combination of services involving the use of accounting or attestation skills, including, but not limited to, issuance of reports on financial statements, or of one or more types of management advisory or consulting services, or the preparation of tax returns, or the furnishing of tax advice (while holding out)? If yes, describe the services offered or performed on a separate sheet of paper.
◯ Yes ◯ No	13. Have you ever been convicted of a felony, or any crime an element of which is dishonesty or fraud, under the laws of any state or of the United States (conviction includes a plea of guilty or plea of nolo contendere accepted by a court)? If yes, please give detailed explanations including date and type of offense and the details of the resolution. Include any court documentation pertaining to the offense.
◯ Yes ◯ No	14. Have you acted as a partner, shareholder, or member of a registered partnership, professional corporation, or limited liability company composed of certified public accountants in Colorado? If yes, cite the name and address of the entity:
◯ Yes ◯ No	15. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance as defined in C.R.S. 18-8-102(5)?
◯ Yes ◯ No	16. Do you agree to appear in person, if requested, at a time and place fixed by the board or furnish additional information requested of you for the purpose of aiding the board in determining qualifications?
◯ Yes ◯ No	17. I understand that if I engage in the practice of public accounting in Colorado as a CPA through a partnership, professional corporation or limited liability company, I must register that entity with the Board.
◯ Yes ◯ No	18. Are you a Member of the U.S. military? Branch: _____ Duty Station: _____

Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and §26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in an incomplete application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

In accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state, under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S., that the information contained in this application, to the best of my knowledge, is true and correct. I understand that under the Colorado Accountancy Law, providing false information to the Board is grounds for denial,suspension, or revocation of a CPA certificate. I further state that I have read all disclosures contained in the application packet including the one related to social security numbers.

_____ _____

Signature Date

All final decisions are made by the Colorado State Board of Accountancy.