



NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 220 * Reno, NV 89502 * (775) 786-0231

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

This form is essential to the application you are filing with this Board. Before approval of your application, the Accountancy Board must verify your examination credits and/or certificate and license status.

Please complete section A of this form and then forward it to the appropriate Board of Accountancy. That Board, in turn, will complete the remainder of this form (Sections B – E) and return it to the Nevada Board of Accountancy. You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.

**SECTION A
ALL
APPLICANTS
MUST
COMPLETE
THIS
SECTION**

Last Name First Name Middle Name

List all other previous names or indicate None

Street Address or P.O. Box

City State Zip Code Telephone Number

Date of Birth Social Security Number

Certificate Number (if applicable)

I hereby request and authorize _____ (insert board of accountancy) to provide any and all pertinent information requested in this form to Nevada Board of Accountancy to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the AICPA.

Applicant Signature Date

STATE BOARD COMPLETE REMAINING SECTIONS OF THIS FORM

**SECTION B
Verification
of CPA Exam
Grades**

Exam Date	ID Number	AUD (AUDIT) (Auditing)	BEC (LPR) (Law)	FAR (FARE) (Theory)	REG (ARE) (Practice)

Verification of CPA Exam Continued

Was the applicant ever denied admission to the exam? **YES** **NO**
If yes, use section D of this form to explain.

If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from taking the examination in your state? If yes, use section D of this form to explain. **YES** **NO**

**SECTION C
Verification of
Licensure/Certificate
Status**

License/Certificate Status

If licensing is the responsibility of another agency, please forward and request completion of applicable sections.

The applicant was granted an original/reciprocal (circle one) CPA Certificate Number _____ issued _____ (date) which is in good standing and due to expire on _____ (date) unless noted in section D of this form.

The applicant has completed an ethics examination **YES** **NO** **N/A**
Ethics exam prepared and graded by _____

Ethics Grade _____ Date Passed _____

License to Practice Public Accounting

This is a two-tier state **YES** **NO**

The license from this Board is in good standing and expires on _____

Applicant is currently licensed to engage in the practice of public accounting? **YES** **NO**

Has there ever been any disciplinary action instituted against the applicant? If yes, please explain in Section D. **YES** **NO**

If the applicant does not hold a license from your Board, please indicate the requirements to be met for issuance or reinstatement:

- _____ License/Permit not required
- _____ Pay appropriate fee and/or post bond
- _____ Complete acceptable accounting/auditing experience
- _____ Complete continuing professional education requirements
- _____ Other (please specify)

**SECTION D
Explanations of
Information
Provided or
Exceptions Noted**

**SECTION E
Signature and Seal**

Name of Board or Agency

Official Signature

Title

Telephone Number

Date

**OFFICIAL
BOARD
SEAL**