

## INFORMATION & INSTRUCTIONS FOR TEMPORARY PERMIT

A Temporary Permit is required for all persons who perform services **within** the State of Nevada for a client. Nevada does not require a temporary permit for the following: (1) Not physically entering the State to perform work as part of the engagement; (2) Coming into the State as an expert witness; (3) Working on Federal Indian Reservation. Please note while the Board may not require a temporary permit under certain provisions, other State agencies do require a temporary permit for certain types of clients.

A temporary permit is valid for one engagement for 6 months. If the engagement is longer than 6 months, new permits must be obtained for each subsequent 6-month period. There is no direct reciprocity with Nevada, but rather you are held to the requirements in Nevada at the time you were originally licensed in your state. If you hold a CPA license from another state, the board has the ability to waive certain portions of the requirements if you have been licensed as a Certified Public Accountant **AND** practicing public accounting 4 of the last 10 years.

**Please be aware that upon review of your application the board may require additional supporting documentation in order to issue you a temporary permit.**

Applicants, their partners, members, shareholders, employees and affiliates, while practicing under a temporary permit, must comply with the statutes, regulations and rules of professional conduct as provided in Chapter 628. Copies of the Nevada State Board of Accountancy rules may be obtained by contacting the board office.

**Send all materials to:**  
**Nevada State Board of Accountancy**  
**1325 Airmotive Way, Suite 220**  
**Reno, Nevada 89502**

**If you require additional information you may contact the board office at:**  
**Website [www.nvaccountancy.com](http://www.nvaccountancy.com)**  
**Telephone (775) 786-0231**  
**Fax (775) 786-0234**

**APPLICATION FOR TEMPORARY PERMIT**

**Biographical  
Information**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
List all other previous names or indicate NONE

\_\_\_\_\_  
Social Security Number                      Date of Birth                      Place of Birth

Mailing Address     Check if you wish to receive mail at this address

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Telephone                                      Fax

Employer Address     Check if you wish to receive mail at this address

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Telephone                                      Fax

**Client  
Information**

\_\_\_\_\_  
Name of Client (Fictitious or Trade Name)

\_\_\_\_\_  
Nevada Client Address

\_\_\_\_\_  
Date Engagement is to Begin                      Date of Expected Completion

\_\_\_\_\_  
Nature of Client's Business

\_\_\_\_\_  
Type of Engagement (Audit, Review, Compilation, Opinion)

**The board accepts payment by check or credit card. The credit card payment form is located on our website under miscellaneous forms.**

**Fees: \$200**

Received \_\_\_\_\_ Check No./CC \_\_\_\_\_ Amount \_\_\_\_\_

**Licensing History**

List ALL professional licenses, the issuing State/jurisdiction, the type of license or credential, the certificate or license number, and the date it was first issued

Have you been licensed as a Certified Public Accountant **and** practicing public accounting for 4 of the last 10 years?

YES NO

State/Jurisdiction License/Permit Type Number Date First Issued

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What State/Jurisdiction granted your original license or certificate? \_\_\_\_\_

Have you ever had any professional or vocational license denied, suspended, revoked, or a citation issued by any state or foreign country? YES NO

Have you ever been found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense other than a minor traffic violation whether or not the sentence was imposed, including suspended Imposition of sentence or suspended execution of sentence? YES NO

Have you ever been disciplined by any jurisdiction, the SEC, AICPA or state CPA Society? YES NO

Have you ever been convicted of a felony or misdemeanor other than a minor traffic accident? YES NO

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION SHEET AND ANY RELEVANT DOCUMENTATION CONCERNING THE MATTER.**

**Experience**

Nevada currently requires 2 years public accounting experience that includes 1000 attest hours of which 700 are in audit.

List employment information that substantiates the above requirement.

Employers Name \_\_\_\_\_

Position Held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Employers Name \_\_\_\_\_

Position Held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Employers Name \_\_\_\_\_

Position Held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

**Education**

Nevada's education requirement from 1971 to 2001 required a 4-year degree with a major in accounting or an equivalency to an accounting major.

Nevada's education requirement from 2001 to the present is a 4-year degree that includes 150 semester hours with specific accounting course requirements.

List all colleges and universities where you obtained education to substantiate this requirement.

Did you pass or condition the Uniform CPA Examination prior to January 1, 2001?

**YES NO**

Please provide all information requested regarding your education.

College/University\_\_\_\_\_

Degree\_\_\_\_\_ Date Graduated\_\_\_\_\_

College/University\_\_\_\_\_

Degree\_\_\_\_\_ Date Graduated\_\_\_\_\_

College/University\_\_\_\_\_

Degree\_\_\_\_\_ Date Graduated\_\_\_\_\_

**Use Separate Sheet Of Paper If Additional Space Is Needed**

\_\_\_\_\_

**Examination History**

List the jurisdiction and the date in which you passed the Uniform CPA Exam

**Have you passed the Uniform CPA Examination?**

**YES NO**

State/Jurisdiction \_\_\_\_\_ Date Passed (Month/Year)

\_\_\_\_\_

\_\_\_\_\_

**Moral Character References**

List three references. References should be from business or professional individuals and must not be relatives.

Name & Mailing Address \_\_\_\_\_

Name & Mailing Address \_\_\_\_\_

Name & Mailing Address \_\_\_\_\_

**Federally  
Mandated  
Questions**

Chapter 628 of NRS mandates the Board to include this information on every application for CPA Certification. **Failure to provide your social security number and mark ONE of the three statements will result in the rejection of your application.**

Social Security Number \_\_\_\_\_

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and an **NOT** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Affidavit**

I, \_\_\_\_\_ (applicant), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the Nevada State Board of Accountancy to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the Nevada State Board of Accountancy, I hereby release, discharge, and exonerate the Nevada State Board of Accountancy, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided or the Nevada State Board of Accountancy has obtained.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Notarization**

State/Province or Country of: \_\_\_\_\_

County of: \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant. The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_