

**APPLICATION FOR TEMPORARY PERMIT
BY PREVIOUS PERMIT HOLDER**

**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)

Fees:
\$200

Received _____ Check No. _____ Amount _____

**Criminal
History
Questions**

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 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.**

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: _____