



NEVADA STATE BOARD OF ACCOUNTANCY

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

AFFIDAVIT FOR VOLUNTARY SURRENDER OF NEVADA CPA CERTIFICATE

PERSONAL INFORMATION

Name

Street Address

City State Zip

Contact Number

Email

I, _____, hereby advise the Nevada State Board of Accountancy that I wish to voluntarily surrender my Nevada license/certificate as a Certified Public Accountant. By doing so, a status of Voluntary Surrender will be placed on my license.

I further understand that the voluntary surrender of my license is in no way reflected as a negative mark against my license and should I decide to reinstate my license the original documents received in my Nevada file will be maintained and assist in the reinstatement.

I further acknowledge surrender of and will forward my wall certificate to the Nevada State Board of Accountancy

_____ **Please mark this box if you are unable to locate your original wall certificate. By marking this box you certify that in the event you are able to locate the wall certificate that it will be immediately returned to the Nevada State Board of Accountancy.**

I Certify under penalty of perjury under the laws of the State of Nevada to the truth and accuracy that all statements and information contained herein, are true, accurate and correct in every respect, to the best of my knowledge and belief; and that I have not suppressed any information that might affect my submission, with full knowledge that the information submitted may be grounds for disciplinary action against my certificate.

Signature

Date

Print Name

License Number