

North Dakota State Board of Accountancy

2701 S Columbia Road, Grand Forks ND 58201-6029

Phone 701-775-7100 or 800-532-5904

www.nd.gov/ndsba Email: ndsba@nd.gov

CPA Exam Re-application

INSTRUCTIONS

Please use a typewriter or print neatly.

Include \$60 check or money order payable to NDSBA, or add credit card detail below.

Personal Data

Last Name	First Name	Middle Name	Date of Birth
Email address		Social Security #	Mother's maiden name
Business Name & Address			Phone
City	State		Zip Code
Residence Address			Phone
City	State		Zip Code
Have you ever changed your name?	If so, please explain and list former name:		
List all states and jurisdictions in which you hold (or have applied for) a certificate, permit or other recognized accounting designation. Please notify the Board of any revocation, suspension, issuance or denial of a certificate, permit or other accounting designation by any jurisdiction – within 30 days of occurrence.			
Have you ever relinquished a CPA certificate or other professional license?			If so, please attach an explanation.
Have you ever had a CPA certificate or other professional license denied, suspended, revoked?			If so, please attach an explanation.
Have you ever been denied permission to write the CPA exam?			If so, please attach an explanation.
Do you have any disability that would require special provision at the exam site?			If so, please attach an explanation.
Have you previously written the CPA exam (other than as a ND candidate)?			

AFFIDAVIT

I certify that I am of good moral character and have never been convicted of a felony, or of any crime an element of which is dishonesty or fraud, under the laws of the U.S., of this state, or of any other state if the acts involved would have constituted a crime under the laws of this state, except as indicated on an attached sheet. I further certify that the statements made herein and my signature below are true; that I have not suppressed any information that might affect this application; that in the event I am licensed as a CPA in North Dakota I will conform to, abide by, and comply with the statutes of North Dakota and the accounting regulations of the N. D. State Board of Accountancy. I further certify that the photograph attached to this application is a genuine likeness of me. I agree that in the event my examination responses are lost or damaged, any claim I may have against the N.D. State Board of Accountancy will be limited to the application fee paid to the Board by me. I grant the Board permission to share any information, including SSN, in this application or prior exam applications, with third parties, for exam-related purposes.

Date _____, 20 _____

Signature of Applicant (Sign in the presence of notary)

<p>Attach photo here</p> <p>Attach one recent 2" X 2" head and shoulders photograph of yourself. Have the photo attached to this application at the time it is notarized.</p>	<p>For notary use:</p> <p>Before me, a Notary Public in and for the State of _____ and County of _____, personally appeared _____, known by me (or proved by _____) to be the person named and signed this document in my presence. The attached photo is a genuine likeness of the person named. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this _____ day of _____, 20____.</p> <p>_____ (Title) _____</p> <p style="text-align: right;">(SEAL)</p>
--	--

Credit card payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card #:	Exp. date:
--	------------