

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 ndsba@nd.gov

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION
AND LICENSURE INFORMATION**

This form is essential to the application you are filing with the Board. Before approval of your application, the Accountancy Board must verify your examination credits and/or certificate and license status. ***Please complete the initial portion of this form and then forward it to the appropriate Board of Accountancy where credits and/or status were established.*** That Board, in turn, will complete the remainder of this form (Sections A-D) and return it to this agency. 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.

To be completed by the Applicant – PLEASE TYPE OR PRINT LEGIBLY

Mr., Ms., Mrs.

Last Name	First Name	Middle Initial	Maiden Name
Current Mailing Address			(Certificate Number if Applicable)
City		State	Zip
Telephone: where you can be reached during normal business hours		Date of Birth	Social Security Number

I hereby request and authorize that _____ Board of Accountancy provide any and all pertinent information requested in this form to the Board of Accountancy in the State of North Dakota to complete an application filed with the agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Applicant Signature	Date Signed
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Sections A thru D are to be completed by the Board of Accountancy only

SECTION A: VERIFICATION OF EXAMINATION CREDITS

The following are grades awarded on the Uniform CPA examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section (D) of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA exam was used; or if there is any reason why grades should not be accepted). (If separate sheet is attached, please affix official signature and Board Seal.)

(Please list all grades, including failing grades, recorded for the applicant.)

DATE OF EXAMINATION	I.D. NUMBER	AUDITING, AUD	Law, LPR, BEC	Theory, ARE, FAR	Practice, ARE, REG

1. Was the applicant ever denied admission to the exam? Yes No
If yes, please use Section (D) of this form to explain
2. If the applicant hasn't completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? (Use Section (D) to explain.) Yes No
3. Number of subjects with which candidate is credited, if any. # N/A
4. Date credits/or grades expire, if any.

SECTION B: CERTIFICATE/LICENSURE (Permit) STATUS

Certificate As A Certified Public Accountant:

1. The applicant holds an original/reciprocal (mark out one) CPA certificate number _____ dated _____ which is in good standing unless otherwise noted in Section (D) of this form.

2. The individual has completed an Ethics Examination. _____ Yes _____ No _____ N/A

Exam prepared and graded by: _____ Board _____ AICPA _____ Other

License/Permit to Practice Public Accounting:

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

3. The applicant holds a license/permit from this Board for the period ending _____ and is currently in good standing in this State (Please note any exceptions to the above statements in Section (D) of this form).

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

License/Permit not required _____

Pay appropriate fees and /or post bonds _____

Complete acceptable accounting/auditing experience _____

Complete continuing professional education requirements _____

Other: (Please specify) _____

SECTION C: ADDITIONAL INFORMATION REQUESTED

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED

(Official Seal and Signature must be affixed to attached sheets if need to respond to this inquiry.)

The information provided herein is correct to the best of our knowledge.

Board/Agency

Official Signature

Title

Date

Second Official Signature (if necessary)

OFFICIAL
BOARD
SEAL

Upon completion of this form, please return in a Board sealed envelope.