

REFERENCE FORM

North Dakota State Board of Accountancy
2701 S Columbia Road
Grand Forks ND 58201-6029

I, _____ am applying to the ND State Board of Accountancy for:
() permission to take the CPA exam or transfer grades () a CPA certificate by reciprocity

Please complete this reference form and seal it in an envelope, sign your name across the envelope seal, and return it to the applicant.

1. How long have you known the applicant? _____
In what capacity? _____
2. Have you ever employed the applicant? _____
If yes, was the applicant's work satisfactory? _____
3. Have you had sufficient personal contact with the applicant to serve as a character reference?
_____ (If not, please stop here and return the form to the candidate.)
4. Do you consider the applicant honest and trustworthy? _____
If not, please explain:
5. Do you consider the applicant to be of good moral character? _____
If not, please explain:
6. Are you aware of any felonies committed by the applicant? _____
If yes, please explain:
7. Do you know of anything about the applicant that would reflect negatively on the applicant's moral character? _____ If yes, please explain:
8. Are you related to the applicant? _____

Name (printed) _____

Phone _____

Business _____

Address _____

Position/Occupation _____

Signature _____ Date _____