

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Accountancy**  
**Authorization for Interstate Exchange of Examination and Licensure Information**  
**Form # CPA 5012-1**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.*

APPLICANT INFORMATION				
This form is essential to the application you are filing with this Board. Before approval of your application, the Accountancy Board must verify your sitting requirements and/or certificate and license status. Please complete the initial portion of this form and then <b>forward it to each state in which you previously sat or became licensed.</b> 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 the Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.)				
<b>TO BE COMPLETED BY THE APPLICANT</b> (Please type or print legibly)				
Last Name	First	Middle	Title	Suffix
Address		Certificate Number (if applicable)		
City	State	Zip Code		
Phone	Date of Birth	Social Security Number*		

\*Under the Federal Privacy Act, disclosure of Soc. Sec. Numbers is voluntary unless specifically required by Federal status. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Section 653 & 654; and sections 445.203(9), 409.2577, & 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants & licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional & occupational license applications & will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec 317.

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the Board of Accountancy in the state of Florida to complete an application filed with that agency. I agree that the state Board may confirm the grades issued to me by the Advisory Grading Services of the American Institute of Certified Public Accountants.	
_____ Applicant Signature	_____ Date Signed

**SECTIONS A THROUGH 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 above, as reported by the AICPA Advisory Grading Service. 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 the grades should not be accepted. If separate sheet is attached, please affix official signature and board seal.

Date of Examination	Candidate I.D. Number	AUDIT	LPR (Business Law)	FARE (Theory)	ARE (practice)

1. Was the applicant ever denied admission to the Exam?  Yes  No (If yes, please use Section D of this form to explain.)
2. Date applicant was first approved to sit for the exam: \_\_\_\_\_.
3. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?  Yes  No
4. If the candidate has not passed all parts of the CPA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given.
5. Would the applicant be denied admission to any future exams?  Yes  No

**SECTION B: CERTIFICATE/LICENSURE (Permit) STATUS****Certificate as a Certified Public Accountant:**

License/Permit to Practice Public Accounting: (If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

1. The applicant was granted an original/reciprocal (mark out one), CPA Certificate number \_\_\_\_\_ issued \_\_\_\_\_ which is in good standing unless otherwise noted in Section D of this form.
2.  Yes  No This state is a two-tier state.
3.  Yes  No This license/permit from this board is in good standing.
4. This license/permit expires on \_\_\_\_\_.
5.  Yes  No The applicant is currently licensed to engage in the practice of public accounting.
6.  Yes  No Has there ever been any disciplinary action instituted against the applicant? If yes, please explain in Section D.
7. If the applicant does not hold a license/permit from your board, please indicate the requirements to be met for issuance of reinstatement:

License/Permit not required \_\_\_\_\_

Pay appropriate fees and/or post bond \_\_\_\_\_

Complete continuing professional education requirements \_\_\_\_\_

Other (please specify): \_\_\_\_\_

SECTION C: ADDITIONAL INFORMATION REQUESTED	

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS FOR INFORMATION PROVIDED (Official Seal and Signature must be affixed to attached sheets if needed to respond to this inquiry)	

The information provided herein is correct to the best of my knowledge.	
OFFICIAL BOARD SEAL	_____ Board/Agency _____ Official Signature _____ Title <span style="float: right;">Date</span>

**Please mail the completed form to:**  
 State of Florida  
 Department of Business and Professional Regulation  
 2601 Blair Stone Rd  
 Tallahassee, FL 32399

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board’s website under [Statutes and Rules](#).