



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR AN "INACTIVE STATUS"

MISSOURI STATE BOARD OF ACCOUNTANCY
3605 MISSOURI BLVD, P.O. BOX 613
JEFFERSON CITY, MISSOURI 65109
573-751-0012



GENERAL INSTRUCTIONS

The instructions listed are to assist the individuals in meeting mandates of Chapter 326 of the Revised Statutes of Missouri for Inactive licensure. Each section must be filled out in its entirety with appropriate documents and fees attached. Incomplete applications will be considered not received and be returned to the applicant.

SECTION I: Individual Information

- **Full name** of individual listing last name first, first name and middle initial.
- **Home Address** to include street, city, state, and zip code.
- **Business Address** to include street, city, state, and zip code of your current employer.
- **Telephone** to include home, business and optional email.
- **Social Security Number** must have nine numbers listed.
- **Date of Birth** to include month/day/year.
- **Other Name** to include any other name you may have been known by.
- **CPA License Number** to include your number on your current license.
- **Issue Date** to include the date your current license was issued.
- **Inactive Statement** to include a statement from the licensee of their future planned activities including when they believe they will use the designation "CPA Inactive" or other indicia.

PLEASE RETURN ALL INFORMATION TO THE BOARD ALONG WITH APPROPRIATE FEE.

Fee Information: Attach a check in the amount of **\$25** payable to the Missouri State Board of Accountancy. All fees are non-refundable and cannot be applied to another application.

If your license has expired, you are NOT eligible to apply for an inactive status.

Only active licensees are eligible for an inactive status.

