



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**AUTHORIZATION FOR INTERSTATE EXCHANGE OF
 EXAMINATION AND LICENSURE INFORMATION**

MISSOURI STATE BOARD OF ACCOUNTANCY
 P.O. BOX 613
 JEFFERSON CITY, MISSOURI 65102-0613
 (573) 751-0012

INSTRUCTIONS

THIS FORM IS ESSENTIAL TO THE APPLICATION YOU ARE FILING WITH THIS BOARD. BEFORE YOUR APPLICATION WILL BE CONSIDERED FOR APPROVAL, CERTAIN INFORMATION MUST BE VERIFIED BY THE BOARD OF ACCOUNTANCY WHERE YOUR EXAMINATION CREDITS AND/OR CERTIFICATE AND LICENSE STATUS WERE ESTABLISHED. **PLEASE COMPLETE THE INITIAL PORTION OF THIS FORM AND FORWARD TO THAT BOARD OF ACCOUNTANCY WHERE CREDITS AND/OR STATUS WERE ESTABLISHED.** THAT BOARD, IN TURN, WILL COMPLETE THE REMAINDER OF THIS FORM (SECTIONS A-C) 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.)

APPLICANT COMPLETE THIS SECTION ONLY PLEASE TYPE OR PRINT LEGIBLY

| | | | | | |
|---|------|------|-------|--------|--------|
| <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. | NAME | LAST | FIRST | MIDDLE | MAIDEN |
|---|------|------|-------|--------|--------|

| | | | | |
|-------------------------|--------------------|------|-------|----------|
| CURRENT MAILING ADDRESS | STREET OR P.O. BOX | CITY | STATE | ZIP CODE |
|-------------------------|--------------------|------|-------|----------|

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|---|---------------|-----|------|------------------------|---|
| TELEPHONE (DURING NORMAL BUSINESS HOURS) () | DATE OF BIRTH | | | SOCIAL SECURITY NUMBER | LICENSE/CERTIFICATE NO. (IF APPLICABLE) |
| | MONTH | DAY | YEAR | | |

I HEREBY REQUEST AND AUTHORIZE THE _____ BOARD OF ACCOUNTANCY TO PROVIDE ANY AND ALL PERTINENT INFORMATION REQUESTED IN THIS FORM TO THE MISSOURI STATE BOARD OF ACCOUNTANCY 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 SERVICE OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS.

| | |
|---------------------|-------------|
| APPLICANT SIGNATURE | DATE SIGNED |
|---------------------|-------------|

DO NOT WRITE BELOW THIS LINE SECTIONS A THRU C ARE TO BE COMPLETED BY THE STATE 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 (C) 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 ATTACHING SEPARATE SHEET, PLEASE AFFIX OFFICIAL SIGNATURE AND BOARD SEAL).

PLEASE LIST ALL GRADES, INCLUDING FAILING GRADES, RECORDED FOR APPLICANT

| DATE OF EXAMINATION | AICPA/STATE I.D. NUMBER | AUDITING & ATTESTATION (AUDIT) (AUDITING) | BEC (LPR) (LAW) | FARE (THEORY) | REG (ARE) (PRACTICE) |
|---------------------|-------------------------|---|-----------------|---------------|----------------------|
| | | | | | |

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|--|---|-----------------------------|--------|--|-----|--|-------|--|-----|------|
| 1. WAS APPLICANT EVER DENIED ADMISSION TO THE EXAM? (IF YES, PLEASE USE SECTION D OF THIS FORM TO EXPLAIN) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | |
| 2. IF THE APPLICANT HAS NOT COMPLETED THE CPA EXAM, ARE THERE ANY RESTRICTIONS PREVENTING HIM/HER FROM SITTING IN YOUR STATE? (USE SECTION C TO EXPLAIN) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | |
| 3. NUMBER OF SUBJECTS WITH WHICH CANDIDATE IS CREDITED, IF ANY | <table border="1"> <tr> <td>NUMBER</td> <td> </td> <td>N/A</td> <td> </td> </tr> <tr> <td>MONTH</td> <td> </td> <td>DAY</td> <td>YEAR</td> </tr> </table> | | NUMBER | | N/A | | MONTH | | DAY | YEAR |
| NUMBER | | N/A | | | | | | | | |
| MONTH | | DAY | YEAR | | | | | | | |
| 4. DATE CREDITS/OR GRADES EXPIRE, IF ANY | | | | | | | | | | |
| 5. WHEN DID THE APPLICANT ORIGINALLY APPLY FOR EXAM. DATE _____ | | | | | | | | | | |
| 6. DOES YOUR STATE REQUIRE THE 150 HR. DEGREE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | |

SECTION B: CERTIFICATE/LICENSURE (LICENSE) STATUS

CERTIFICATE/LICENSE AS A CERTIFIED PUBLIC ACCOUNTANT

| | | | | | |
|---|--|--------------------------|-----|------|---|
| TYPE APPLICANT HOLDS <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RECIPROCAL | CPA CERTIFICATE/LICENSE NUMBER | CERTIFICATE/LICENSE DATE | | | THIS CERTIFICATE IS IN GOOD STANDING UNLESS OTHERWISE NOTED IN SECTION C OF THIS FORM |
| | | MONTH | DAY | YEAR | |
| ETHICS EXAM COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | ETHICS EXAM PREPARED AND GRADED BY <input type="checkbox"/> STATE BOARD <input type="checkbox"/> AICPA <input type="checkbox"/> OTHER | DATE OF ETHICS EXAM | | | ETHICS EXAM GRADE |
| | | MONTH | DAY | YEAR | |

LICENSE/PERMIT TO PRACTICE PUBLIC ACCOUNTING

1. IF LICENSING IS THE RESPONSIBILITY OF ANOTHER AGENCY, PLEASE FORWARD AND REQUEST COMPLETION OF APPLICABLE SECTION

2. THIS STATE IS A TWO-TIER STATE
 YES NO

3. THE APPLICANT HOLDS A LICENSE/PERMIT FROM THIS BOARD

ORIGINAL ISSUE DATE

| | | |
|-------|-----|------|
| MONTH | DAY | YEAR |
|-------|-----|------|

 EXPIRES ON ...

| | | |
|-------|-----|------|
| MONTH | DAY | YEAR |
|-------|-----|------|

AND IS CURRENTLY IN GOOD STANDING IN THIS STATE. (PLEASE NOTE ANY EXCEPTIONS TO THE ABOVE STATEMENTS IN SECTION D OF THIS FORM)

4. HAS YOUR BOARD EVER TAKEN ANY DISCIPLINARY ACTION AGAINST THE APPLICANT'S CERTIFICATE/LICENSE? YES NO
 (IF YES, PROVIDE DETAILS IN SECTION C BELOW)

SECTION C: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED

(OFFICIAL SEAL AND SIGNATURE MUST BE AFFIXED TO ANY ATTACHED SHEETS)

| | | | |
|---------------------|--|------|--------------|
| OFFICIAL BOARD SEAL | THE INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE | | BOARD/AGENCY |
| | OFFICIAL SIGNATURE | | |
| | TITLE | DATE | |
| | SECOND OFFICIAL SIGNATURE (IF NECESSARY) | | |
| TITLE | | DATE | |