

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director  
(512) 305-7851  
FAX (512) 305-7875

505 E. Huntland Drive, Suite 380  
Austin, TX 78752-3757  
www.tsbpa.texas.gov

APPLICATION OF INTENT

REFER TO THE INSTRUCTIONS AND CHECK LIST  
NOTE: THIS APPLICATION EXPIRES TWO YEARS FROM THE DATE OF SUBMISSION

CONSIDER THIS APPLICATION UNDER THE FOLLOWING CONDITIONS

CHECK ONE ONLY

- Transfer of Credit Earned from the CPA Exam (\$100)
Evaluation of Education (\$20)
U.S. Veteran - Exempt (See Instructions)

Application must be accompanied by check or money order in U.S. dollars. DO NOT SEND CASH.

TAPE PHOTO HERE

Do not staple.

Refer to Application of Intent Instructions for additional information.

PERSONAL INFORMATION (PROVIDED TO NATIONAL CANDIDATE DATABASE)

Social Security Number
Legal Name Last First Middle Suffix

GOVERNMENT-ISSUED IDENTIFICATION (Type of Document Submitted): (Check One)
Driver's License Identification Card U.S. Passport Foreign Passport

Name as it appears on government-issued identification document

Primary Mailing Address

Address Line 1
Address Line 2
City State Zip
Province Country
Primary Phone Secondary Phone
FAX Email

HOW WOULD YOU LIKE TO RECEIVE COMMUNICATION FROM THE BOARD?

- U.S. Mail Telephone FAX Email

SEX: Male Female Date of Birth: Month Day Year

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Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**EDUCATION** Attach transcripts from each college or university attended and list below. See instructions. (Use additional sheets if needed.)

Highest Degree Earned \_\_\_\_\_ Total Semester Hours Completed \_\_\_\_\_ Semester Hrs Completed in Accounting \_\_\_\_\_ Semester Hrs Completed in Related Business \_\_\_\_\_

FICE COLLEGE CODE	NAME AND ADDRESS OF COLLEGE / UNIVERSITY	DATES ATTENDED				DEGREE	GRADUATION DATE
		FROM MO	FROM YR	TO MO	TO YR		

**Business law may be counted only under Related Courses; review courses may not be counted. See Instruction Sheet for acceptable courses. QUARTER HOURS convert by 2/3 to semester hours. DO NOT ROUND UP.**

**ACCOUNTING COURSES COMPLETED**

COURSE NO.	ACCOUNTING COURSE TITLE	TRADITIONAL OR DISTANCE LEARNING?		COLLEGE OR UNIVERSITY	SEM. HRS OR EQUIV
		<input type="radio"/> Traditional	<input type="radio"/> DL		
1		<input type="radio"/> Traditional	<input type="radio"/> DL		
2		<input type="radio"/> Traditional	<input type="radio"/> DL		
3		<input type="radio"/> Traditional	<input type="radio"/> DL		
4		<input type="radio"/> Traditional	<input type="radio"/> DL		
5		<input type="radio"/> Traditional	<input type="radio"/> DL		
6		<input type="radio"/> Traditional	<input type="radio"/> DL		
7		<input type="radio"/> Traditional	<input type="radio"/> DL		
8		<input type="radio"/> Traditional	<input type="radio"/> DL		
9		<input type="radio"/> Traditional	<input type="radio"/> DL		
10		<input type="radio"/> Traditional	<input type="radio"/> DL		

TOTAL COMPLETED SEMESTER HRS OF ACCOUNTING COURSES \_\_\_\_\_

Required accounting research and analysis course was a(n)  stand-alone  integrated course.

Course No. _____	Course Title _____	College/Univ _____	Sem. Hrs _____
Course No. _____	Course Title _____	College/Univ _____	Sem. Hrs _____

**RELATED BUSINESS COURSES AND ETHICS COURSE COMPLETED**

COURSE NO.	COURSE TITLE	TRADITIONAL OR DISTANCE LEARNING?		COLLEGE OR UNIVERSITY	SEM. HRS OR EQUIV
		<input type="radio"/> Traditional	<input type="radio"/> DL		
1		<input type="radio"/> Traditional	<input type="radio"/> DL		
2		<input type="radio"/> Traditional	<input type="radio"/> DL		
3		<input type="radio"/> Traditional	<input type="radio"/> DL		
4		<input type="radio"/> Traditional	<input type="radio"/> DL		
5		<input type="radio"/> Traditional	<input type="radio"/> DL		
6		<input type="radio"/> Traditional	<input type="radio"/> DL		
7		<input type="radio"/> Traditional	<input type="radio"/> DL		
8		<input type="radio"/> Traditional	<input type="radio"/> DL		
Ethics		<input type="radio"/> Traditional	<input type="radio"/> DL		

TOTAL COMPLETED SEMESTER HRS OF RELATED BUSINESS COURSES \_\_\_\_\_

Required Business/Accounting Communications course was a(n)  stand-alone  integrated course.

Course No. _____	Course Title _____	College/Univ _____	Sem. Hrs _____
Course No. _____	Course Title _____	College/Univ _____	Sem. Hrs _____

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Name [redacted] Social Security Number [redacted]

BUSINESS INFORMATION (NOT PROVIDED TO THE NATIONAL CANDIDATE DATABASE)

Employer's Name [redacted]

CANDIDATE'S ALTERNATE MAILING ADDRESS

Address Line 1 [redacted]

Address Line 2 [redacted]

City [redacted] State [redacted] Zip [redacted]

Province [redacted]

Country [redacted]

AFFIDAVIT OF APPLICANT

Initial

- Yes No Have you ever been arrested or charged with a crime by any state or local government or by the federal government?
Yes No Have you ever been convicted or placed on deferred adjudication for a felony or a misdemeanor crime by any state or local government or by the federal government?
Yes No Do you currently reside, or have you resided for any part of the last two years, outside the United States or its territories?
Yes No I am requesting testing accommodations under the Americans with Disabilities Act of 1990.
Yes No Do you presently hold a professional license of any type in any state?
Yes No Have you ever been denied, revoked, or suspended from holding any type of professional license in any state?
Yes No Have you ever applied to take the Uniform CPA Examination in the state of Texas?
Yes No Have you ever applied to take the Uniform CPA Examination in any state?
Yes No Have you answered all questions truthfully and provided accurate information on each page of the Application of Intent and on all supporting documents to the best of your knowledge?
Yes No I acknowledge that by submitting the Application of Intent I am subject to the Public Accountancy Act...

I acknowledge that my name, mailing address, and primary telephone number are public information as defined by Chapter 552, Texas Government Code, known as the Public Information Act, and subject to release upon request.

I authorize the Texas State Board of Public Accountancy to share information about me with the National Association of State Boards of Accountancy for the sole and specific purpose of maintaining the National Candidate Database.

I swear or affirm that the information contained in this Application of Intent to be accurate and complete to the best of my knowledge. I also acknowledge that any falsification of a government record is subject to criminal penalties.

Remember to sign this document after printing. Application cannot be processed without signature.

Signature [redacted]

Date [redacted]