

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

**AUTHORIZATION FOR INTERSTATE EXCHANGE
OF EXAMINATION AND LICENSURE INFORMATION**

SECTION A: AUTHORIZATION (TO BE COMPLETED BY APPLICANT)

This form is required for the application you are filing with the Texas State Board of Public Accountancy. Please complete Section A and immediately forward the form to the Board of Accountancy where your examination grades and/or certificate and license were issued. That board, in turn, will complete the remainder of the form and return it to you or directly to the Texas State Board of Public Accountancy. (You are advised to check with that board before forwarding this form to determine if there are additional requirements and/or fees before such information will be released.) Please type or print.

LEGAL NAME Last
First
Middle Suffix

Address Line 1

Address Line 2

City State Zip Code

Province Country

Primary Phone Secondary Phone

Certificate Number

Date of Birth: Month Day Year

Social Security Number

I HEREBY REQUEST AND AUTHORIZE THE BOARD OF
ACCOUNTANCY TO PROVIDE ANY AND ALL INFORMATION REQUESTED ON THIS FORM TO THE TEXAS STATE
BOARD OF PUBLIC ACCOUNTANCY TO COMPLETE AN APPLICATION FILED WITH THAT AGENCY.

Signature _____ **Date**

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AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION – continued

Name _____ Social Security Number _____

SECTION B: VERIFICATION OF EXAMINATION GRADES (TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY)

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 D of this form to explain if any of the grades were changed, if an exam other than the Uniform CPA Examination was used, or if there is any reason why the grades should not be accepted). **Affix the official board seal and signature to each page.** List all grades, including failing grades, recorded for applicant.

PAPER AND PENCIL CPA EXAM INFORMATION

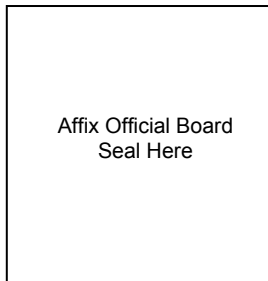
Exam Date	AICPA ID Number	Audit/AUD	Law/BEC	Theory/FAR	Practice/REG

COMPUTERIZED CPA EXAM INFORMATION - (Provide only the information that resulted in the awarding of credit.)

	Section ID Number	Date CBT Exam Was Taken	Grade	Is Credit Active or Expired?
AUD				
BEC				
FAR				
REG				

1. Was the applicant ever denied admission to the examination? If yes, explain in Section D. Yes _____ No _____
2. If the applicant has not completed the CPA examination, are there any restrictions preventing the applicant from sitting in your jurisdiction? If yes, explain in Section D. Yes _____ No _____
3. Date candidate initially sat for the examination in your jurisdiction. Month _____ Year _____

THE INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.



Board/Agency

Official Signature

Title _____ Date _____

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**AUTHORIZATION FOR INTERSTATE EXCHANGE OF
EXAMINATION AND LICENSURE INFORMATION - continued**

Name _____ Social Security Number _____

SECTION C: CERTIFICATE/LICENSURE (PERMIT) STATUS (TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY)

Certificate as a Certified Public Accountant:

1. The applicant holds an original/reciprocal (circle correct response) CPA certificate number _____ dated _____ which is in good standing unless otherwise noted in Section D of this form.

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

2. Has the applicant ever been licensed in your jurisdiction? Yes _____ No _____

3. Is your jurisdiction considered two-tier? Yes _____ No _____

4. The applicant holds a license/permit (circle correct response) from our board to practice as a certified public accountant for the period ending _____ and is currently in good standing in our jurisdiction. Please note any exceptions to the above statements in Section D of this form.

5. If the applicant does not hold a license/permit from your board, please indicate the requirements that must be met for issuance or reinstatement.

- _____ License/Permit not required
- _____ Pay appropriate fees and/or post bond
- _____ Complete acceptable accounting/auditing experience
- _____ Complete continuing professional education requirements
- _____ Retake the Uniform CPA Examination

Other (please specify) _____

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF 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.

Board/Agency

Official Signature

Title _____ **Date** _____