

West Virginia Board of Accountancy
405 Capitol Street, Suite 908, Charleston, WV 25301
(304) 558-3557
Petition for Determination of Initial Licensure Eligibility

Gender: Male Female Date of Birth: _____

Applicant's Name: _____
Last First MI Suffix

Address: _____
Street City State Zip

Phone Number: _____ Email Address: _____

Specific Nature of the Conviction: _____

Date of Conviction: _____ Jurisdiction of Conviction: _____
mm/dd/yyyy City State County

Please submit the following with your petition:

- Licensure Eligibility Determination Fee of \$150.00 (required)
- Explanation of Conviction - include the facts and circumstances thereof and relevant legal citations or documents (required)
- Evidence of Rehabilitation (optional)
- Letters of Reference (optional)
- Other Information showing fitness and the ability to practice as a Certified Public Accountant (optional)

Affirmation by Written Declaration

I understand that I am to personally complete this petition, and am solely responsible for the accuracy and completeness of the information provided. I have carefully read and understood all instructions in the form. By signing this waiver, I certify that the information provided in connection therewith is complete, true, and correct to the best of my knowledge and belief. I understand that any determination of initial licensure eligibility if based on the truth and accuracy of the information provided herewith. I further understand that the information provided herewith is subject to investigation and verification by the WV Board of Accountancy.

Applicant's Signature

Date