

STATE OF WEST VIRGINIA
WEST VIRGINIA BOARD OF ACCOUNTANCY
405 Capitol Street, Suite 908
Charleston, WV 25301-1744
304/558-3557

AUTHORIZATION AND INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

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 the form to the Board of Accountancy where your credits and/or status were established. That Board, in turn, will complete the remainder of this form, Sections A through D, and return it to this agency. (You are advised to check with the out-of-state Board before forwarding this form to determine if there are additional requirements and/or fees charged by that State before such information will be released.)

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly)

Name _____
 Last Name First Name Middle Name Maiden Name

Current Mailing Address _____ CPA Certificate # _____

City _____ State _____ Zip _____ Social Security # _____

Telephone # (during normal business hours) _____ Date of Birth _____

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the West Virginia Board of Accountancy in order 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 _____

SECTIONS A THROUGH D ARE TO BE COMPLETED BY THE 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 D of this form to explain any changes of the grades; if an exam other than the Uniform CPA Exam was used; or if there is any reason why the grades should not be accepted by the West Virginia Board of Accountancy.) **If separate sheet(s) attached, please affix official signature and Board Seal to all such attachments.**

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

DATE OF EXAMINATION	AICPA I.D. NUMBER	AUDITING	LAW	THEORY	PRACTICE

1. Was the applicant ever denied admission to the Exam? Yes No If yes, please use Section D of this form to explain.
2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? (Use Section D to explain) Yes No
3. Number of subjects with which candidate is credited, if any. _____ Number
4. Date credits/or grades expire, if any. _____ / _____ / _____

SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS - COMPLETE BOTH ITEMS

Certificate as a Certified Public Accountant:

1. The applicant holds an original or reciprocal (check only one) CPA Certificate Number _____, dated _____ / _____ / _____ which is in good standing unless otherwise noted in Section D. Also list in Section D any action taken against such applicant by this or any other Board of Accountancy.
2. The individual has completed an Ethics Examination. Yes No N/A
If yes, the Exam prepared and graded by : _____ Board _____ AICPA _____ Other

License/Permit to Practice Public Accounting

(If licensing is the responsibility of another agency; please forward and request completion of applicable section below.)

3. The applicant holds a license/permit from this board for the period ending _____ / _____ / _____ and is currently in good standing in this State. (Please note any exception to this statement in Section D of this form.)
4. Has there ever been any disciplinary action instituted against the applicant? If yes, please explain in Section D. Yes No
5. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:

_____ License/Permit not required (cite statutory authority at right _____)

_____ Pay appropriate fees and/or post bond (list amount of fees/bond at right) _____

_____ Complete acceptable experience (list amount at right) _____

_____ Complete continuing professional education requirements (list amount at right) _____

_____ Other (please specify) _____

SECTION C: ADDITIONAL INFORMATION REQUESTED

If a CPA Certificate is valid and unrevoked, but a license to practice public accountancy is not held, may applicant refer to himself as "CPA" in your state? Yes No

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED

Please Provide Details of such additional information below. (Your Board's Official Seal and Signature must be affixed to any attached sheets used to respond to this inquiry.)

VERIFYING BOARD USE ONLY

The information provided herein is correct to the best of our knowledge.

Official
Board
Seal

Board/Agency

Official Signature

Title

Date