

**North Carolina State Board of Certified Public Accountant Examiners**

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605

Phone 919-733-1422 • Fax 919-733-4209 • Web nccpaboard.gov

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

**TO THE APPLICANT:** 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 (BOA) where your Uniform CPA Exam credits and/or certificate and license status were established. Before sending this form for completion by that entity, contact the entity to determine if you need to meet additional requirements or pay any fees before such information will be released.

Complete the applicant portion of this form and forward the form and a self-addressed, stamped envelope to the BOA where credits and/or status were established. The BOA will complete the remainder of this form (Sections A-D) and return it to you. This Board will accept another BOA's own form as long as it provides the same information requested on this form. Include the completed form sent to you by the BOA with the rest of your application package submitted to this Board.

**TO BE COMPLETED BY THE APPLICANT:**

\_\_\_\_\_  
Full Name (First/Middle/Last/Suffix)

\_\_\_\_\_  
Mailing Address (Street or PO Box and City, State, Zip Code)

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
CPA Certificate No. (if applicable)

\_\_\_\_\_  
Birthdate (MMDDYYYY)

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

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the North Carolina State Board of Certified Public Accountant Examiners to accompany 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

**FOR ACCOUNTANCY BOARD USE ONLY**

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

\_\_\_\_\_  
Board/Agency

OFFICIAL  
BOARD  
SEAL

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**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 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 separate sheets are attached, please affix official signature and board Seal to all pages.

Please list all grades, including failing grades, recorded for applicant.

Date of Examination	AICPA ID Number	AUD Auditing	BEC (LPR/Law)	FAR (FARE/Theory)	REG (ARE/Practice)

- 1) Was the applicant ever denied admission to the Exam? \_\_\_ Y \_\_\_ N If yes, complete Section D of this form.
- 2) If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your jurisdiction?  
Y \_\_\_ N \_\_\_ If yes, complete Section D of this form.
- 3) Number of subjects with which candidate is credited, if any. \_\_\_ Number \_\_\_ N/A
- 4) Date credits or grades expire, if any. \_\_\_\_\_(MMDDYYYY)

**SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS**

Certificate as a Certified Public Accountant:

- 1) The applicant holds original CPA Certificate number \_\_\_\_\_ dated \_\_\_\_\_(MMDDYYYY) that is in good standing unless otherwise noted in Section D of this form.
- 2) The applicant holds reciprocal CPA Certificate number \_\_\_\_\_ dated \_\_\_\_\_ (MMDDYYYY) that is in good standing unless otherwise noted in Section D of this form.

License/Permit to Practice Public Accounting: If licensing is the responsibility of another agency, please forward and request completion of applicable section.

- 3) The applicant holds a license/permit from this board for the period ending \_\_\_\_\_(MMDDYYYY) and is currently in good standing in this State. Please note any exceptions to the above statements in Section D of this form.
- 4) 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 ..... \_\_\_\_\_  
 Pay appropriate fees and/or post bond ..... \_\_\_\_\_  
 Complete acceptable accounting/auditing experience ..... \_\_\_\_\_  
 Complete continuing professional education requirements ..... \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

- 5) Has there ever been any disciplinary action instituted against the applicant? \_\_\_ Y \_\_\_ N If yes, complete Section D of this form.

**SECTION C: ADDITIONAL INFORMATION REQUESTED:** If CPA certificate is valid and unrevoked, but a license to practice public accountancy is not held, may applicant refer to himself as a "CPA" in your jurisdiction? \_\_\_ Y \_\_\_ N

**SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED** On an additional sheet, explain answers to above questions as needed. Official Seal and Signature must be affixed to all attached sheets.