

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 the Board. Before the Board will consider your application for licensure, the board of accountancy (BOA) where your Uniform CPA Exam credits and/or certificate and license status were established must complete the Interstate Exchange form. 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 it will release your information. The Board will accept another BOA's form if it provides the same information requested on our form. If you need more than one Interstate Exchange Form, you may make copies or print additional copies from the Board's website, nccpaboard.gov. **Each page of each Interstate Exchange Form must be signed.**

If you are applying for **ORIGINAL NC CPA LICENSURE AND TRANSFERRING EXAM GRADES FROM ANOTHER BOA:** 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. Include the completed form sent to you by the BOA when submitting your application package to this Board.

If you are applying for **RECIPROCAL NC CPA LICENSURE:** Complete the applicant portion of this form and forward the form 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 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 (BOA) to provide 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 BOA may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

 Applicant Signature

 Date

FOR BOARD OF ACCOUNTANCY 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 them 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 jurisdiction. 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 this individual holds a valid and unrevoked CPA certificate, but a license to practice public accountancy is **not** held, may applicant refer to themselves 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.**