



North Carolina State Board of Certified Public Accountant Examiners

Register of Active North Carolina CPAs or Active CPA Firms

Please select the Register(s) you are ordering:

_____ *Register of Active NC CPAs*

_____ *Register of Active CPA Firms*

The fee for each Register is \$75.00; if you order both Registers, the cost is \$150.00.

Contact Name: _____

Business Name: _____

Street Address/PO Box: _____

City/State/Zip Code: _____

Email Address: _____ Phone: _____

Date: _____

Register of Active North Carolina CPAs: The *Register of Active North Carolina CPAs* does not include individuals on inactive, retired, suspended, revoked, or surrendered status. The *Register* contains the following public record information:

- Name;
- Preferred Mailing Address;
- Preferred Telephone Number;
- NC CPA Certificate Number;
- Date NC CPA Certificate Issued; and
- Expiration Date of NC CPA Certificate

In the context of the Board's records, email addresses are not public records and are not part of the Register.

Register of Active CPA Firms: The *Register of Active CPA Firms* includes firms with a current registration, including out-of-state firms that have filed a Notice of Intent to Practice. The *Register* contains the following public record information:

- CPA Firm Name;
- CPA Firm Type;
- Mailing Address;
- Telephone Number;
- Supervising CPA's Name;
- CPA Firm Registration Date;
- CPA Firm Registration Expiration Date; and
- Date of Last Peer Review

In the context of the Board's records, email addresses are not public records and are not part of the Register.

Please send this form and a check payable to the North Carolina State Board of CPA Examiners for \$75.00 (or \$150.00) to NCSBCPAE, PO Box 12827, Raleigh, NC 27605. If you prefer to pay by MasterCard, VISA, or American Express, please send the completed Order Form and the attached credit card payment authorization to communications@nccpaboard.gov. The Registers are available as Excel documents only; printed copies are unavailable. Each Register is generated within ten (10) business days of receiving the order form and payment.

Please contact the Board's [Communications Officer](#) with questions about ordering a Register.



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CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

Credit/debit card payment cannot be processed unless all fields below are complete.

_____ MasterCard _____ VISA _____ American Express Amount \$ _____

Credit Card Number _____

CVV/Card Security Code _____ Expiration Date _____
(3-digit code for MC/VISA) (MM/YYYY)
(4-digit code for AmEx)

Exact Name on Card _____

Billing Address for Card _____
Street or PO Box and City, State, Zip Code

Signature _____ Date _____

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