



North Carolina State Board of Certified Public Accountant Examiners

REQUEST FOR INACTIVE STATUS

(No annual renewal fee, CPE, or return of CPA certificate required)

Inactive status is effective immediately upon submission of this form.

Full Name (First Middle Last Suffix)

NC CPA Certificate Number

Mailing Address (Street or PO Box and City, State, ZIP Code)

Daytime Telephone Number:

Email Address:

Is this new contact information (address, phone number, or email address)? ___ Y ___ N

Do you want to receive the Board's newsletter by email? _____ Y _____ N

I desire to be classified as inactive. I have read the rules of the Board found in [21 NCAC 08A .0301\(b\)\(20\), 08A .0308, and 08J .0105](#), and understand that under North Carolina Accountancy Statutes and Rules, **I cannot use the title Certified Public Accountant (CPA) or allow anyone to refer to me as a Certified Public Accountant (CPA) in North Carolina or as an inactive CPA.** I will not assume or use, in writing or orally, directly or indirectly, or through third parties, "any words, letters, abbreviations, symbols or other means of identification" to identify myself as a licensed CPA or an inactive CPA. Such representation includes, but is not limited to, "...the use of titles or legends on letterheads, reports, business cards, brochures, resumes, office signs, telephone directories, websites, the Internet, or any other advertisements, news articles, publications, listings, tax return signatures, signatures on experience or character affidavits for exam or certificate applicants, displayed membership in CPA associations, displayed CPA licenses from this or any other jurisdiction, and displayed certificates or licenses from other organizations which have the designation "CPA" or "Certified Public Accountant" by [my] name."

An individual who is licensed as a CPA in another US jurisdiction and who does not reside in North Carolina and does not have an office in North Carolina may request inactive status of their North Carolina CPA certificate and exercise their practice privilege in North Carolina under [NCGS 93-10](#).

I affirm that I will not identify myself as a CPA, nor will I allow anyone else to identify me as a CPA to any person in any manner as specified in 21 NCAC 08A .0308(a) and (b) as long as I am on inactive status. I affirm that the information shown above is true and accurate.

Signature

Date

You may submit this form by [email to the Licensing Staff](#).