

APPLICATION FOR REINSTATEMENT OF A REVOKED CERTIFICATE

Military Only ► If you are active duty or within 6 months of discharge from active duty, check box:

Name _____ Certificate # _____
(First) (M.I.) (Last) (Suffix)

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Provide your employment history for the period since revocation, listing the most recent employer first. Include a description of the type of services you perform(ed). Use additional sheets as needed.

Employer Name & Address	Dates Employed	Types of Services Performed

Have you ever been suspended, expelled, revoked or otherwise disciplined in any manner by any organization related to the practice of public accounting? Yes* No

Have you ever been convicted of any crime, misdemeanor or any other discreditable act? Yes* No

* If you answered "Yes" to either statement above, include a statement of explanation on a separate sheet.

What was your certificate status prior to revocation? Active Inactive

AFFIDAVIT (read and sign): I acknowledge that since the date of revocation of my certificate, I have not applied for or been issued a certificate by the Board. Further, I acknowledge that since revocation of my certificate, I have not engaged in activities requiring an active certificate. I certify that the information supplied on this application for reinstatement is accurate and that any misrepresentation may be cause for disciplinary action. In accordance with Minn. Stat. §326A.09 (2017), the undersigned requests reinstatement of the revoked certificate.

Signature

Date

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. If you fail to provide this data, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2017) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2017), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number and non-designated address, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law or court order.