

Minnesota Board of Accountancy
85 East Seventh Place, Suite 125
St. Paul, Minnesota 55101

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**AUTHORIZATION FOR INTERSTATE EXCHANGE OF
INFORMATION AND CERTIFICATE INFORMATION**

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Social Security Number</u>	<u>Former Name, if applicable</u>
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<u>Address</u>

I am applying to the Minnesota Board of Accountancy for a Minnesota CPA Certificate. I authorize your Board to provide any and all pertinent information requested.

Signature	Date

Section A: Exam Scores

Exam Date	AICPA ID #	Auditing and Attestation (AUD)	Business Environment and Concepts (LPR)	Financial Auditing and Reporting (FARE)	Regulation (ARE)

Was applicant ever denied admission to the exam? If yes, please explain. Yes No

Subjects which the candidate has been granted credit for, if any: None AUD LPR FARE ARE

Section B: Certificate Status

The applicant holds an original / reciprocal (mark out one) CPA Certificate number _____, dated _____.

Has the applicant successfully completed an AICPA Ethics Examination? Yes No

Does the applicant hold a CPA license/permit to practice public accounting from your Board and is it in good standing? Yes No

Has the applicant met all of the qualifications for licensure from your Board? Yes No

Please indicate the requirements to be met for issuance or reinstatement:

<input type="checkbox"/> License/Permit not required	<input type="checkbox"/> Pay appropriate fees or post bond
<input type="checkbox"/> Complete acceptable accounting/auditing experience	<input type="checkbox"/> Complete CPE requirements
<input type="checkbox"/> Other: (please specify)	

Has the applicant ever been censured or reprimanded by your Board? Yes No

Has your Board ever suspended or revoked the applicant's certificate, permit or license to practice? Yes No

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

Name of State Board: _____

Signature: _____

Title: _____

Date: _____

Board Seal