

APPLICATION FOR REINSTATEMENT OF A REVOKED LICENSE

ENCLOSE \$20 FEE ([MN Statute 326A.04 subd. 5\[9\]](#))

Payment of the **\$20 application fee** is by check or money order (US funds, made payable to **MN Board of Accountancy**).

The Board is unable to accept cash, credit card, or other electronic forms of payment for the application fee.

Applications received without payment **ENCLOSED** will be returned.

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

Full LEGAL Name _____
(Legal FIRST Name) (Legal MIDDLE Name) (Legal LAST Name) (Suffix)

Address _____ City _____ State _____ ZIP Code _____

Home Phone _____ Work Phone _____ Certificate # _____

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

Other than in relation to your Minnesota certificate by this Board, 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.

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 (2022), the undersigned requests reinstatement of the revoked certificate. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

Signature _____

Date _____

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §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, Subd. 4 (2022) 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, Subd. 2 (2022), 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, become public record.

The Board will not share your private data with other persons or agencies unless it is required by law.



TENNESSEN WARNING

The Minnesota Board of Accountancy (the “Board”) is seeking information from you that may be considered private or confidential under the Minnesota Government Data Practices Act. Minnesota Statutes section 13.04(2) requires the Board to notify you of the following matters before you are asked to supply any private or confidential information about yourself.

1. This information is being collected as part of an investigation into your conduct, and the information you supply to the Board may be used to determine whether you have violated any statutes or rules enforced or administered by the Board.
2. If you hold a valid CPA Certificate or Firm Permit or are an applicant for a CPA Certificate or Firm Permit, you are required to respond to Board communications or appear before the Board according to Minnesota Rules 1105.1200 and 1105.1300. However, if you choose to not voluntarily cooperate, the Board may subpoena you to obtain the information it is seeking. You are advised that you are not required to incriminate yourself in any possible criminal investigation and you may exercise your constitutional right to refuse to supply any information on grounds that you might incriminate yourself.
3. If you supply the information requested and it shows a violation of any of the statutes or rules enforced by the Board, then you may be subject to legal action by the Board.
4. If you choose to not supply the Board with any requested information, whether that choice is based on your constitutional right to refuse to supply the Board with the requested information, then the Board has the right to base its decision whether to pursue action against you based on the other information which is available to the Board.
5. You are advised that the information that you supply will be accessible to staff of the Board and the Office of the Attorney General. It may be released to other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct and/or take appropriate legal action, including but not limited to law enforcement agencies, courts, and other regulatory agencies. If the Board institutes a formal disciplinary action against you, then your name and the information you supply could become public.