

## **ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY**

Location Address Mailing Address  
770 Washington Ave., Suite 226 P. O. Box 300375  
Montgomery, AL 36104 Montgomery, AL 36130-0375  
Telephone: 334/242-5700  
Fax: 334/242-2711  
[www.asbpa.alabama.gov](http://www.asbpa.alabama.gov)

### **APPLICATION FOR RECIPROCITY INSTRUCTIONS**

Please review this information before submitting your Application for Reciprocity.

If you did not sit for the CPA Examination before 1995, you must have a copy of your transcripts sent directly to our office from your school. You will be required to comply with the 150 hours of education requirement as outlined in the administrative code, unless you have four years of public accounting experience since being certified. If you passed the Business Law Portion of the CPA Examination before May 1994, you must take the self-study course "Professional Ethics: The AICPA's Comprehensive Course" for licensure, offered by the AICPA, unless you have four years of public accounting experience within the last ten years. You may call the AICPA at 1-888-777-7077 to order the course or you may order a copy on-line at [www.aicpa.org](http://www.aicpa.org). Please select the option for Licensure when ordering the exam.

Please send the "Interstate Exchange Form" **to your Board of Accountancy** for certification that your CPA certificate is active, current, and in good standing. The completed form must be sent directly from your Board of Accountancy to the Alabama State Board of Public Accountancy.

**ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY**  
**PO Box 300375, Montgomery, AL 36130-0375**  
**(334) 242-5700**  
**Application for Certificate by Reciprocity**

Mr. \_\_\_\_\_  
1. Mrs. \_\_\_\_\_, hereby apply for  
Ms. \_\_\_\_\_  
SSN \_\_\_\_\_

waiver of the examination requirements as provided in the Public Accountancy Act of 2003, and issuance of a certificate as a Certified Public Accountant. I am a Certified Public Accountant of \_\_\_\_\_

holding Certificate No. \_\_\_\_\_, issued \_\_\_\_\_, year \_\_\_\_\_, which certificate is active, in good standing and in full force and effect. I hold reciprocal CPA certificate(s) issued by the following jurisdictions (List all CPA reciprocal certificates you have received, showing certificate number, date issued and jurisdiction. If, in addition to the original CPA certificate previously identified, you also have received other certificates as a result of passing the Uniform CPA Examination in other States, so indicate and list certificate numbers, dates, and States.)

I am familiar with the Public Accountancy Act of 2003, Rules and Regulations, the code of professional ethics promulgated by the Board and the instructions accompanying this application. As a condition of this application I pledge full observation of said law, Board rules and regulations, and code of professional ethics.

If any of the answers to the following questions be false, or if I be guilty of non-disclosure of material information in making this application, I hereby disqualify myself ipso facto. If any false statement or material non-disclosure remains undiscovered by the Board until a Certified Public Accountant's certificate has been issued to me, I hereby agree to surrender and forfeit the certificate and to deliver it to the Executive Director of the Board upon demand being made therefor. **I enclose herewith the required fees.**

1. Full name \_\_\_\_\_

2. Residence address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip) (Phone No.)

3. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

4. Email address \_\_\_\_\_

5.  US Citizen--Complete and attach the "United States Citizen Form"  
 Not a US Citizen--Complete and attach the "Not a United States Citizen Form"

6. Present employer \_\_\_\_\_ Title \_\_\_\_\_

7. Business address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip) (Phone No.)

8. Education – List all colleges or universities attended and dates of attendance; also give titles and dates of degrees received and major field of study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note –** If you sat for the CPA Examination for the first time after January 1, 1995, and you do not have four years of public accounting experience since being certified, you are required to order your transcripts from your school(s). Official college or university transcripts must be sent directly to this Board from the school. No copies will be accepted.

Name \_\_\_\_\_ SSN \_\_\_\_\_

9. Employment – Set forth a continuous record of ALL employments and occupations of whatsoever description, since graduation from college, giving full names and dates. Do not fail to give complete present mailing addresses. Attach additional sheet(s) if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What was the date(s) you sat for the uniform CPA examination? Date(s): \_\_\_\_\_

Place \_\_\_\_\_ Results \_\_\_\_\_

11. Have you ever had a CPA certificate or other professional or vocational license suspended or revoked by this or any other State or foreign country? \_\_\_\_\_ If so, give full particulars in a letter attached.

12. Have you ever had a bonding company cancel or reduce a bond on you or refuse to issue you a bond? \_\_\_\_\_ If so, what company? \_\_\_\_\_

13. Have you ever resigned or been discharged from employment under charges? \_\_\_\_\_ If so, give full particulars in a letter attached.

14. Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or declared by any court of competent jurisdiction to have committed any fraud? \_\_\_\_\_ If so, give full particulars in a letter attached.

15. Have you ever been expelled or disciplined by a college or university? \_\_\_\_\_ If so, give full particulars in a letter attached.

I agree to appear in person, if requested, at a time and place fixed by the Board or furnish any additional information requested of me, for the purpose of aiding the Board in determining my qualifications.

I certify under penalty of perjury that all statements, answers and representations made in the foregoing application, including all supplementary statements, are true and accurate and that I have not suppressed any information that might affect this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public for the State of \_\_\_\_\_

on this the \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_.



\_\_\_\_\_  
Notary Public

NOTARY  
SEAL

Please glue or staple a 2"x2" photograph of yourself taken within the last three months, showing your head and shoulders only. Do not write or staple across your facial features.

# Immigration Compliance Form

ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY  
PO BOX 300375  
MONTGOMERY, AL 36130-0375  
(334) 242-5700 • www.asbpa.alabama.gov

Attachment to the *Application for Certificate by Reciprocity*

## United States Citizen

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_ I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship:

- \_\_\_\_\_ Driver's License or Non-driver's Identification (ID) card issued by Alabama (AL) Dept of Public Safety or equivalent governmental agency of another state within US, provided that the governmental agency of another state requires proof of lawful presence in US as condition of issuance
- \_\_\_\_\_ Birth Certificate indicating birth in US or one of its territories
- \_\_\_\_\_ Pertinent pages of a valid or expired US Passport identifying the person and person's passport number, or the person's US passport
- \_\_\_\_\_ US Naturalization documents or number of the certificate of naturalization
- \_\_\_\_\_ Other documents or methods of proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
- \_\_\_\_\_ Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
- \_\_\_\_\_ Consular report of birth abroad of a citizen of the US
- \_\_\_\_\_ Certificate of citizenship issued by the US Citizenship and Immigration Services
- \_\_\_\_\_ Certification of report of birth issued by US Dept of State
- \_\_\_\_\_ An American Indian card, with KIC classification, issued by US Dept of Homeland Security
- \_\_\_\_\_ Final adoption decree showing person's name and US birthplace
- \_\_\_\_\_ Official US military record of service showing applicant's place of birth in the US
- \_\_\_\_\_ Extract from a US hospital record of birth created at the time of the person's birth indicating the place of birth in the US
- \_\_\_\_\_ AL-verify
- \_\_\_\_\_ Valid Uniformed Services Privileges and ID Card
- \_\_\_\_\_ Other form of ID that the AL Dept of Revenue authorizes, through an administrative rule promulgated pursuant to the AL Admin Procedure Act, to be used to demonstrate or confirm a person's US citizenship or lawful presence in US as condition of issuance

**IMMIGRATION COMPLIANCE FORM**

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**Attachment to the Application for Certificate by Reciprocity**

**NOT A UNITED STATES CITIZEN**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ **I AM NOT A UNITED STATES CITIZEN. I AM SUBMITTING THE ATTACHED COPY OF MY DOCUMENT TO PROVE LAWFUL PRESENCE:**

\_\_\_\_\_ I-327 (REENTRY PERMIT)

\_\_\_\_\_ I-551 (PERMANENT RESIDENT CARD)

\_\_\_\_\_ I-571 (REFUGEE TRAVEL DOCUMENT)

\_\_\_\_\_ I-766 (EMPLOYMENT AUTHORIZATION CARD)

\_\_\_\_\_ CERTIFICATE OF CITIZENSHIP

\_\_\_\_\_ NATURALIZATION CERTIFICATE

\_\_\_\_\_ MACHINE READABLE IMMIGRANT VISA (WITH TEMPORARY I-551 LANGUAGE)

\_\_\_\_\_ TEMPORARY I-551 STAMP (ON PASSPORT OR I-94)

\_\_\_\_\_ I-94 (ARRIVAL/DEPARTURE RECORD)

\_\_\_\_\_ I-94 (ARRIVAL/DEPARTURE RECORD) IN UNEXPIRED FOREIGN PASSPORT

\_\_\_\_\_ UNEXPIRED FOREIGN PASSPORT

\_\_\_\_\_ I-20 (CERTIFICATE OF ELIGIBILITY FOR NONIMMIGRANT (F-1) STUDENT STATUS)

\_\_\_\_\_ DS2019 (CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS)