

**ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY  
PO BOX 300375  
MONTGOMERY AL 36130-0375  
334/242-5700**

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION  
AND LICENSURE INFORMATION**

This form is essential to the application you are filing with this Board. Before approval of your application, the Accountancy Board must verify your examination credits and/or certificate and licensure status. Please complete the initial portion of this form and then forward it to the appropriate Board of Accountancy. That Board, in turn will complete the remainder of this form (Sections A-D) and return it to this agency. **(You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fee charges before such information will be released.)**

**TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):**

Mr., Ms., Mrs. \_\_\_\_\_  

Last Name
First Name
Middle Name
Maiden Name

Current Mailing Address \_\_\_\_\_ Certificate Number (If Applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the Alabama Board of Accountancy to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

\_\_\_\_\_  
**Applicant Signature**
\_\_\_\_\_  
**Date Signed**

**Sections A through D are to be completed by the Board of Accountancy Only:**

**Section A: Verification of Examination Credits**

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service, (Please use Section D of this form to explain if any of the grades were changed: if an exam other than the Uniform CPA Exam was used; or if there is any reason why the grades should not be accepted.) (If separate sheet is attached, please affix official signature and Board Seal.)

*(Please list all grades, including failing grades, recorded for applicant)*

Date of Examination	Candidate I.D. Number	AUDIT	LPR	FARE	ARE

1) Was the applicant ever denied admission to the Exam? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please use Section D of this form to explain.)

2) If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

3) If the candidate has not passed all parts of the CPA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given.

**Section B: Certificate/Licensure (Permit) Status**

**Certificate as a Certified Public Accountant:**

- 1. The applicant was granted an original/reciprocal (mark out one), CPA certificate number \_\_\_\_\_ issued \_\_\_\_\_ (date) which is in good standing unless noted in Section D of this form.
- 2. The individual has completed an Ethics Examination \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A  
Ethics Exam prepared and graded by: \_\_\_\_\_ Board \_\_\_\_\_ AICPA \_\_\_\_\_ Other

**License/Permit to Practice Public Accounting:**

(If licensing is the responsibility of another agency, please forward and request completion of application section.)

- 3. \_\_\_\_\_ Yes \_\_\_\_\_ No This is a two-tier state.
- 4. \_\_\_\_\_ Yes \_\_\_\_\_ No The license/permit from this Board is in good standing and expires on \_\_\_\_\_ (date)
- 5. \_\_\_\_\_ Yes \_\_\_\_\_ No The applicant is currently licensed to engage in the practice of public accounting.
- 6. \_\_\_\_\_ Yes \_\_\_\_\_ No Has there ever been any disciplinary action instituted against the applicant? If yes, explain in Section D
- 7. If the applicant does not have a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement.

License/Permit not required \_\_\_\_\_

Pay appropriate fee and/or post bond \_\_\_\_\_

Complete acceptable accounting/auditing experience \_\_\_\_\_

Other: (please specify) \_\_\_\_\_

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**Section C: Additional Information Requested**

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**Section D: Exceptions noted or Explanations or Information Provided**

(Official Seal and Signature must be affixed to attached sheets if needed to responded to this inquiry)

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

**Official  
Board  
Seal**

\_\_\_\_\_  
**Board/Agency**

\_\_\_\_\_  
**Official Signature**

\_\_\_\_\_  
**Title** **Date**