



ACCOUNTANCY APPLICATION PART I

State Form 49209 (R6 / 8-13)

Approved by State Board of Accounts, 2013

**INDIANA BOARD OF ACCOUNTANCY
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3022
E-mail: accountancy@pla.IN.gov

INSTRUCTIONS: Please type or print legibly.

* Your Social Security number is being requested by this state agency in accordance with Indiana Code; disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

GENERAL INFORMATION

Type of application (please check one)
 CPA certificate Reciprocity certificate Transfer of grades Reciprocity certificate by substantial equivalency

Name of applicant (last, first, middle) _____ Social Security number * _____

Previous names used _____

Address (number and street, city, state, and ZIP code) _____

Date of birth (month, day, year)	Home telephone number ()	Business telephone number ()	E-mail address
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1. Have you ever been convicted of an act which would constitute a ground for disciplinary sanction under IC 25-1-11-5? Yes No

2. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, Yes No

(1) have you ever been arrested;

(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;

(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;

(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or

(5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?

Date you passed the CPA examination (month, day, year)	State in which you passed the examination	Do you have an advanced degree in accounting or business administration? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of institution conferring degree	Date degree conferred (month, day, year)	Do you hold a license in good standing as a certified public accountant from a state other than Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete the below table.</i>

STATE WHERE ISSUED

LICENSE NUMBER

DATE ISSUED (month, day, year)

STATE WHERE ISSUED	LICENSE NUMBER	DATE ISSUED (month, day, year)

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant	Date signed (month, day, year)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization, or institution to release to the Indiana Professional Licensing Agency, or the Indiana Board of Accountancy, any files, documents, records, or other information pertaining to the undersigned requested by the Agency, or the Board, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency or the Indiana Board of Accountancy to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information, which is material to my application, and I hereby specifically release the Agency, and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed (month, day, year)
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