

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

Department of Professional and Financial Regulation
Office of Professional & Occupational Regulation

Maine Board of Accountancy

35 State House Station
Augusta, ME 04333
207/624-8672
207/624-8636 Fax

Email: accountancy.board@maine.gov

Last Name:	First Name:	Middle Name:	Maiden Name:
Mailing Address:			
City:	State:	Zip Code:	
Social Security Number:		Certificate Number, if Applicable:	
Date of Birth: ____/____/____		Home Telephone: (____)____-____	
		Work Telephone: (____)____-____	

I hereby request and authorize the _____ Board of Accountancy provide any and all pertinent information requested in this form to the Maine 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's Signature

Date

**SECTIONS A THROUGH D ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY
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; and if there is any reason why the grades should not be accepted.) Please list all grades, including failing grades, recorded for the applicant.

Date of Examination	Candidate ID #	Audit	LPR (Business Law)	FARE (Theory)	ARE (Practice)

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

The applicant was granted an original/reciprocal (circle one) CPA Certificate number _____
Issued ____/____/____ which is in good standing unless otherwise noted in Section D of this form.

LICENSE/PERMIT TO PRACTICE PUBLIC ACCOUNTING

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

- 1. Yes No This state is a two-tier state.
- 2. Yes No The license/permit from this Board is in good standing and expires _____.
- 3. Yes No The applicant is currently licensed to engage in the practice of public accounting.
- 4. Yes No Has there ever been any disciplinary action instituted against the applicant?
If yes, please explain in Section D.
- 5. If the applicant does not hold 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 work experience
 - _____ Complete continuing professional education requirements
 - _____ Other (please specify) _____

SECTION C: ADDITIONAL INFORMATION REQUESTED:

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS ON INFORMATION PROVIDED

(Official seal and signature must be affixed to attached sheets if needed to respond to inquiry.)

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

Official Board Seal

Board/Agency

Official Signature

Title

Date