

6. Are you now or have you ever applied for or been issued a certificate or license as a CPA or PA in any other jurisdiction? Yes _____ No _____

If yes, name of jurisdiction: _____

Date Issued: _____

Current Status _____

7. Have you ever been charged, convicted, pleaded *nolo contendere* or found guilty of any criminal offense (excluding non-criminal traffic violations)? *Yes _____ No _____

**If you answer yes, download a disposition form from the Board website http://www.oregon.gov/BOA/forms.shtml#Misc_Forms and submit completed form with this application.*

8. Have you ever been under investigation by any regulatory or licensing agency? *Yes _____ No _____

** If yes, please explain on a separate attachment. Include the State, type of license and outcome of the matter.*

9. Have you ever had a professional or vocational license denied, suspended, or revoked by this or any other state, jurisdiction or foreign country? *Yes _____ No _____

**If yes, explain the details on a separate attachment. Include the State where the incident took place and the type of license involved.*

10. Describe the professional activities in which you intend to engage while holding a "Retired" status license.

11. Do you intend on performing any audit or attest work for compensation while holding a "Retired" status license? Yes _____ No _____

12. Do you intend to sign any tax returns as a CPA/PA preparer, for compensation, while holding a "Retired" status license? Yes _____ No _____

Certification

I certify that:

- All information submitted by me in this application is true and accurate
- If I am granted Retired license status, I will not perform any public accounting services for compensation
- If I am granted Retired license status, I will use only the designation "CPA Retired"
- I understand that Retired license may be restored to active status only at the Boards' discretion upon a showing of good cause

Signature _____ Date _____

**DO NOT SEND THIS FORM WITHOUT ATTACHING THE APPLICATION
Credit/Debit Card Payment Authorization Form**

**Please return the application and this form to:
Oregon Board of Accountancy, 3218 Pringle Rd SE #110, Salem OR 97302**

Questions? Please call 503-378-2235 or 503-378-2268

I authorize the Oregon Board of Accountancy to charge my Credit/Debit card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error.

Applicant Name: _____

Signature

Date

Application fee: \$25 - Required

Cardholder's Information: Please PRINT and provide ALL information. Visa or MasterCard ONLY

Charge Amount: \$ _____ Expiration Date: _____

Card Number: _____

Cardholder Name (as it appears on the card): _____

Cardholder Billing Address: _____
Street, Apartment #

City

State, Zip Code

Daytime Phone Number

Cardholder's Signature

Date

RETURN THIS FORM TO: Oregon Board of Accountancy, 3218 Pringle Rd SE #110, Salem OR 97302

Questions? Please call 503-378.2235 or 503-378-2268

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM