

Oregon Board of Accountancy
 3218 Pringle Road SE #110
 Salem, Oregon 97302-6307
 503.378.4181
 503.378.3575 - FAX

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSE INFORMATION

Instructions:

This form is required to complete your application to the Oregon Board of Accountancy. Before your application will be considered, information must be verified by each of the Board(s) of Accountancy where your exam credits and/or certificate and license status were established. Complete the first portion of this form and mail the form to the other state board. Use a separate form for each state board with which you are licensed or took the exam. That Board will complete sections A through C and return it to the Oregon Board. You are advised to check with that Board before forwarding to determine if there are additional requirements and/or fees charged before such information will be released.

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

Name: Last	First	Middle	Other Last Names Used
Mailing Address:	Street & Number		Certificate # (if applicable)
City	State	Zip	Phone

I hereby request and authorize _____ Board of Accountancy to provide any and all information requested on this form to the **Oregon** Board of Accountancy. I agree that the responding 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
---------------------	------

Sections A thru C 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 and approved unchanged by this Board.** (Use section C of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted. If separate sheet is attached, affix official signature and Board seal). List all grades, including failing grades, recorded for applicant.

Date of Exam	AICPA ID #	Audit	LPR (Business Law)	FARE (Theory)	ARE (Practice)

1. Was the applicant ever denied admission to the CPA Exam? Yes* ____ No ____
2. If the applicant has not complete the CPA exam, are there any restrictions preventing him/her from sitting in your state? Yes* ____ No ____
 *If yes, provide explanation in Section C

Certificate/License (Permit) Status:

1. The applicant holds original / reciprocal (*circle one*) CPA Certificate # _____ dated _____ which is in good standing unless otherwise noted in Section C of this form.

2. The applicant has completed an Ethics Exam. _____ Yes _____ No
Exam prepared and graded by AICPA _____ Score _____ Date _____

License/Permit to Practice Public Accounting:

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

3. The applicant holds a license/permit to practice public accounting issued by this board for the period ending _____ which is currently in good standing in this state.
(Note any exceptions to the above statements in section C of this form)

4. If the applicant does not hold a license/permit issued by your Board, please indicate the requirements to be met for issuance or reinstatement:
_____ License/Permit not required
_____ Pay appropriate fees and/or post bond
_____ Complete acceptable accounting/auditing experience
_____ Complete continuing education requirements
_____ Other (specify) _____

5. State the number of years of experience required at the time the applicant was licensed in your state?

6. Has there been any disciplinary action against the applicant? Yes _____ No _____
If yes, please explain in Section C.

Section C: Exceptions noted or explanations of information provided (Official seal and signature must be affixed to additional sheets.

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

Official
Seal

Board/Agency _____

Official Signature _____

Title _____ Date _____

Responding State Board must return completed form to:
Oregon Board of Accountancy
3218 Pringle Road SE #110, Salem OR 97302-6307