



OREGON BOARD OF ACCOUNTANCY  
**CPA RECIPROCITY FOR MILITARY SPOUSE / DOMESTIC PARTNER**  
APPLICATION INSTRUCTIONS

**READ INSTRUCTIONS CAREFULLY**

1. Complete and return the application, employment record and social security form.
2. Obtain official documentation from the Armed Forces verifying member is stationed in Oregon.
3. Provide a written statement from the jurisdiction on which the application is based that demonstrates that:
  - a. You hold a valid license in good standing
  - b. You have not been disciplined for violations of that jurisdiction's standards of conduct of practice
  - c. You have no pending actions alleging violations of that jurisdiction's standards of conduct of practice
  - d. You are in compliance with continuing education requirements of the licensing jurisdiction
  - e. You have taken and passed an ethics exam with a score of **90** or above
  - f. You meet the requirements of substantial equivalency as defined by OAR 801-005-0010(73)(a).
4. Pay **\$225** application fee. If paying by check, make payable to Oregon Board of Accountancy. You may also pay by credit card through on line submission using a VISA, MasterCard, or Discover card.

An applicant's file must be complete in every particular within **three (3)** months of the date of the application or the file will be closed.

***MISREPRESENTATION IN THIS APPLICATION IS CAUSE FOR  
DENIAL OR REVOCATION OF LICENSE***



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Attach  
2 x 2 photo  
HERE

**APPLICATION FEE: \$225.00**

**GENERAL INFORMATION**

FULL NAME:

First

Middle

Last

PREVIOUS NAME(S):

PLEASE CHECK BOX TO INDICATE OFFICIAL MAILING ADDRESS:  HOME  WORK  PO BOX

IF YOU USE A PO BOX OR OTHER MAIL SERVICE, YOU MUST ALSO PROVIDE A PHYSICAL ADDRESS.

Physical home address:

PO Box (if applicable):

City: State: Zip code:

Home phone: Cell: Email:

IF SELF-EMPLOYED, INCLUDE NAME OF BUSINESS, TYPE OF BUSINESS, AND ADDRESS. INDICATE IF UNEMPLOYED.

Employer Name:

Employment Physical Address:

PO Box (if applicable):

City: State: Zip code:

Home phone: Cell: Email:

Uniform CPA Exam passed in \_\_\_\_\_ on \_\_\_\_\_  
STATE EXAM DATE

List any state(s) in which you are currently licensed to practice public accounting:

STATE	LIC #	DATE ISSUED	STATE	LIC #	DATE ISSUED

STATE	LIC #	DATE ISSUED	STATE	LIC #	DATE ISSUED

List any state(s) in which you have previously held a valid permit to practice public accounting:

STATE	LIC #	DATE ISSUED	STATE	LIC #	DATE ISSUED

**DATE OF BIRTH** (required): \_\_\_\_\_ **PTIN Number:** \_\_\_\_\_

*\*Must report if PTIN has been assigned*

**ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS**

	YES	NO
<b>A)</b> Have you ever held Substantial Equivalent Authority in Oregon?		
<b>B)</b> Have you been arrested, charged with, or convicted of a felony?		
<b>C)</b> Have you been arrested, charged with, or convicted of a non-felony crime in which the essential element is fraud, dishonesty, or misrepresentation?		
<b>D)</b> Have you been a party to any legal proceedings including any non-disclosure agreements or tolling (deadline extension/suspension) agreements?		
<b>E)</b> Have you had any professional license suspended, revoked, or restricted, or been the subject of any regulator’s investigation or action?		
<b>F)</b> Are you currently under investigation or have action pending by another regulatory agency?		
<b>G)</b> Do you have any pending expulsions or have you been expelled from a professional society?		

**METHOD OF APPLYING FOR LICENSE IN OREGON**

Check the box next to all that apply:

- A) I have an active permit to practice that is in good standing issued by a jurisdiction whose requirements are substantially equivalent to Oregon.
- B) I have had at least **four (4)** years (**48** months of full-time employment) of public accounting or equivalent experience satisfactory to the Board within the last ten years after passing all sections of the Uniform CPA exam and have held a valid license and permit to practice for at least **four (4)** of the last **10** years. I currently hold an active permit to practice.
- C) I hold an active certificate, credential, or degree issued by a foreign country that is recognized by the International Qualification Appraisal Board (IQAB).

**CERTIFICATION**

I certify to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements. I understand that any certificate issued to me must be surrendered upon demand by the Oregon Board of Accountancy upon my failure to pay the fees prescribed by law, or upon revocation by the Board of my certificate, or for other causes as prescribed by law. I understand and agree that the Board may investigate the statements made on this application, and may conduct other investigations, including a criminal records check. **Misrepresentation in this application is cause for denial or revocation of license.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY CERTIFICATE**

State of \_\_\_\_\_ County of \_\_\_\_\_

My Commission expires \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

## PAYMENT INFORMATION

Payment may be made by credit card (VISA, MasterCard, or Discover) or by check. Payments by credit card may be made online at <https://appengine.egov.com/apps/or/boa>. A complete application must be uploaded at the time of payment.

All applications paid with a check must be received with a completed application in the Board office at 200 Hawthorne Ave SE Ste D450, Salem, Oregon 97301-5289.

For your protection, **email submissions will not be accepted.**

### VISA, Mastercard, or Discover only for credit card payments

You make payment and submit your application using **ONE** of the following options (*please select only ONE*):

#### Payment by **CREDIT CARD** or **ACH**

To pay by credit card (VISA, MasterCard, or Discover) or using ACH (requires your bank routing and account number), you may submit payment and completed application online. The PAYMENT LINK for applications is <https://appengine.egov.com/apps/or/boa>.

You will be required to upload a copy of your completed application at the time of payment. **This fillable PDF form is recommended.** You may upload supplemental documents as a PDF, Word, Excel, JPG, or GIF document only. Electronic signatures are accepted.

#### Payment by **CHECK**

Mail **completed** application and check to the Board office at:

**Oregon Board of Accountancy  
200 Hawthorne Ave SE Ste D450  
Salem, Oregon 97301-5289**

#### **RECEIPTS FOR CREDIT CARD and ACH PAYMENTS:**

Upon completion of the online application submission and payment process, you will receive confirmation that your payment was made successfully and a receipt can be printed before closing the web browser. An automated email notification with receipt will also be sent to the email address you entered for the payment. ***Please retain receipt for online payment with your renewal records for verification.***

#### **RECEIPTS FOR CHECK PAYMENT:**

Your cancelled check is your receipt. If you need a more detailed receipt, you may make the request by email to [boa.info@boa.oregon.gov](mailto:boa.info@boa.oregon.gov). The Board will email a receipt within two weeks of the request.