



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

DELAWARE BOARD OF ACCOUNTANCY

APPLICATION FOR AN ORIGINAL OR RECIPROCAL CERTIFICATE

- I am applying for an original certificate and have passed the CPA exam as a Delaware candidate
 I am applying for a certificate by reciprocity and have passed the CPA exam as a candidate from the State of _____

Application for certificate must be made on this form, signed and sworn to by the applicant before a notary public. Failure to comply with these instructions as to proper form and content may result in rejection of the application. The applicant should carefully read the law and rules and regulations pertaining to the requirements for obtaining a certificate. Any material statement made in the application which the Board ascertains to be misleading or false may be grounds for denial of the application. All applications become the property of the Board and will not be returned.

1. Name in Full _____
First Middle Last

2. Home Address: _____

Telephone Number (Home): _____

Email Address: _____

3. Do you have a Social Security Number? Yes No
If yes, please enter Social Security Number _____

4. If your name is different from that on a transcript or other submitted documentation, please advise the other name(s) which may be used. _____
A copy of the legal document showing the name change must be attached.

5. Employer's Name _____
Employer's Address _____

Employer's Phone Number _____

6. Have you ever been denied permission to sit for the CPA exam? Yes No
If yes, please explain. _____

7. Have you completed the AICPA ethics exam? Yes No
Please have AICPA send the results directly to the Board office. The Board will not accept a photocopy submitted by the applicant.
8. Did you sit for the CPA exam as a Delaware candidate? Yes No
If no, what state did you sit for the exam? _____
Please have that state board office send verification of your exam scores directly to the Delaware Board.
9. When did you successfully complete all 4 parts of the CPA Exam? _____
10. Have you obtained a Certificate from another state? Yes No
If yes, please advise which state(s). Please have each state send a verification of licensure directly to the Delaware Board.

<u>State</u>	<u>Date of Issuance of Certificate</u>
_____	_____
_____	_____

11. Colleges and Universities Attended:
- | Name and Address of College/University | Dates Attended | Degree |
|--|----------------|--------|
| _____ | | |
| _____ | | |
| _____ | | |

Request your college or university to send an official transcript directly to the Delaware Board of Accountancy. Student copies are not allowed. If you sat for the exam as a Delaware candidate, the exam service will forward your transcripts to the Board office after notification of grades are sent to exam candidates. If you attended a college or university outside the US, your transcripts need to be evaluated by FACS (618-565-5291).

12. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
13. Do you have any impairment related to drugs or alcohol that would limit your practice of accountancy? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your permit.

AFFIDAVIT

State of _____

County of _____

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, and that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant

DATE: _____

Sworn to and subscribed to before me this _____ day of _____, 2____.

Notary Public

SEAL

My commission expires: _____

Please send application to: Delaware Board of Accountancy
861 Silver Lake Boulevard, Suite 203
Dover, DE 19904

Enclose payment for processing fee. Payment may be made by personal check or money order made payable to State of Delaware. See Fee Schedule for correct fee. Fee is non-refundable.