



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 PA PERMIT TO PRACTICE

- I am applying for an original PA Permit to Practice
- I am applying for a PA Permit to Practice by Reciprocity

Section 1: Basic Information

Name: _____
(Last) (First) (Middle)

Mailing Address:

Telephone (____) _____ (____) _____
(Daytime) (Home)

Email: _____

Do you have a Social Security Number? Yes No

If yes, please enter Social Security Number _____

Please indicate any name (i.e. maiden, married or legal name change) under which this office may receive or may have received official documents pertaining to your application. Attach a copy of the legal document showing the name change. _____

Section 2: Permits and Certificates

Please list all PA certificates and permits issued to you:

<u>State</u>	<u>Number</u>	<u>Date Issued</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 3: General Background

Are any of your certificates or permits (licenses) not current or not in good standing? Yes No
If yes please provide details on a separate sheet of paper.

Has any jurisdiction ever denied you a Permit to Practice (license)? Yes No
If yes, attach a statement giving the name, address of jurisdiction and reason for denial.

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.

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.

Have you have 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.

Section 4: Educational Institutions Attended

<u>College</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 5: Employment

Employer's Name _____
Employer's Address _____

Employer's Name _____
Employer's Address _____

Employer's Name _____
Employer's Address _____

Employer's Name _____
Employer's Address _____

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 or City of _____

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed this application and signs this affidavit, that the statements contained in the application are true, 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 and subscribed to before me this _____ day of _____ 20____.

Notary Public

SEAL

My commission expires: _____.

Please send application to: Delaware Board of Accountancy
861 Silver Lake Blvd., 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