

10. 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.**
11. 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.**
12. 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.**
13. 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.**

EDUCATION

13. Enter all colleges and universities attended:

<u>Name and Address of College/University</u>	<u>Dates Attended</u>	<u>Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

14. Enter the names and addresses of your employers.

Employer Name: _____
Employer's Address: _____

Employer Name: _____
Employer's Address: _____

Employer Name: _____
Employer's Address: _____

Employer Name: _____
Employer's Address: _____

If your application requires Board review, 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: _____

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

Applications that are unsigned, not notarized, incomplete or not accompanied by the required fee will be rejected.