

# MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

5 Old River Place, Suite 104  
Jackson, Mississippi 39202-3449

## APPLICATION FOR CPA LICENSE

- Mississippi has a one-tier system wherein you may receive a CPA only with license to practice public accounting.
- In accordance with Mississippi law, a firm permit is also required for a CPA firm to practice [effective July 1, 1999].
- Type or print all parts of the application. Return this application along with completed and signed *Request for Employment Verification* form(s) along with your check or money order.
- The Mississippi State Board of Public Accountancy will not approve an incomplete application.

State Board File No. \_\_\_\_\_

Application Dated: \_\_\_\_\_

Name \_\_\_\_\_

SS Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

CPA examination passed:

State: ① \_\_\_\_\_

Date: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Telephone \_\_\_\_\_

Email: \_\_\_\_\_

**AFFIX A  
2x2 PASSPORT  
FACE-SHOULDER  
PHOTOGRAPH  
OF YOURSELF  
HERE.**

① This form is only for individuals *without* a certificate/license from another state. All who passed the exam in a State other than MS must complete an *Authorization for Interstate Exchange Of Examination and Licensure Information* form. Fee of \$ 50.00

**TYPE YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR CPA CERTIFICATE OF LICENSURE.**

\_\_\_\_\_

*Fees enclosed* (Please complete and include check or money order for applicable total.)

CPA License (Licensing Fee \$100.00 and Processing fee (Non-refundable) \$100.00) ----- \$ 200.00

① Grade/information transfer fee (Include if Applicable \$50.00) ----- \_\_\_\_\_

TOTAL FEES \$           

I hereby make application as a certified public accountant in the State of Mississippi as indicated on this application. ∞ I accept the CPA license with full realization of the responsibilities and obligations which I thereby assume. ∞ I shall abide by the laws of the State of Mississippi, adhere to the *Rules and Regulations* of the State Board of Public Accountancy, and always endeavor to uphold the honor and dignity of the accounting profession.

Notary Public:  
Sworn to and subscribed before me on this the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public's Signature

SEAL

<b>DO NOT WRITE BELOW</b>			
Fees:	Amount \$	Deposit Date	Approved: Yes No
CPE(If applicable):	# Hours Required	# Completed	Date:
Experience:	By Board Members:		
If not approved, reason: _____			

## APPLICATION FOR CPA LICENSE (Continued)

Applicant's Name: \_\_\_\_\_

State Board File No. \_\_\_\_\_

1. Are you under indictment or have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If yes, explain in an attached statement.
  
2. Are you a resident of the State of Mississippi verifiable in accordance with State Board *Rules and Regulations*?  
(Submit proof of residency (copy) along with your application.) \_\_\_\_\_ Yes \_\_\_\_\_ No.
  
3. Are you in the practice of public accountancy? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If yes, as an: \_\_\_\_\_ Sole Proprietor? \_\_\_\_\_ Partner? \_\_\_\_\_ Professional Corporation Shareholder? \_\_\_\_\_ Staff member?
  
4. Schedule below *all* past and current employment within the last ten years, listing most current first. Complete a *Request for Employment Verification* for each employer listed.

Employer name & address	Empl. telephone	From	To	Title or Position

### CANDIDATES WHO *DID NOT* PASS THE CPA EXAMINATION AS A MISSISSIPPI CANDIDATE:

List below the colleges and/or universities attended. An official transcript from each must accompany this application.

College or university & address	Degree	Date	Total Hours	Upper Div. & Business	Graduate Hours Accounting

Complete an *Authorization for Interstate Exchange Of Examination and Licensure Information* form, send to your Board where you passed the CPA examination for completion, signature and certification, and return to the Mississippi State Board of Public Accountancy.