

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 _____

**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.

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 \$ 100.00

① Grade/information transfer fee (Include \$50.00) _____

Processing fee (Non-refundable)----- 100.00

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

DO NOT WRITE BELOW

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.