



**MISSISSIPPI STATE BOARD  
OF PUBLIC ACCOUNTANCY**

5 OLD RIVER PLACE, SUITE 104  
JACKSON, MS 39202-3449  
(601) 354-7320 (601)354-7290 FAX  
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**Initial Application  
CPA (Retired)**

**DUE NO LATER THAN: JANUARY 1, 2016**

**No Fee Required**

Full Name: \_\_\_\_\_

CPA Number: \_\_\_\_\_ Board File Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

I \_\_\_\_\_ do solemnly swear (or affirm) to the Mississippi State Board of Public Accountancy that I wish to voluntarily retire my license as a certified public accountant (CPA), and the following statement is true and a complete representation of my status.

\_\_\_\_\_ I reached the age of 55 on \_\_\_\_\_, and I am no longer engaged in any activities listed in State Board Rules and Regulations, Rule 2.5.1.

\_\_\_\_\_ I am permanently disabled, since \_\_\_\_\_, and no longer able to perform any activities regulated by the Mississippi State Board of Public Accountancy. I have detailed the disability below and attached a notarized affidavit from my physician confirming the disability and my inability to perform such activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by voluntarily retiring my license that I give up the right to practice public accounting as a certified public accountant or perform any activities listed in State Board Rules and Regulations, Rule 2.5.1.

I understand that by doing so I give up the right to use the title of CPA or certified public accountant, in any way, **without the accompanying word (retired).** I understand that the use of those titles or any word or combination that could be construed to represent or hold myself out as an active licensee is prohibited.

I understand that I am **subject to the laws** of the State of Mississippi and the **State Board Rules and Regulations**, except I acknowledge that I am exempt from the annual requirement to obtain continuing professional education (CPE) hours in order to register as a CPA (retired).

I understand that if I desire to reenter the practice of public accounting or perform any activities listed in Rule 2.5.1., I must surrender the retired or permanent disability status and apply for reinstatement by filing a timely application with the Board, pay the current license and reinstatement fees, and meet the CPE requirements.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE