

MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

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

REINSTATEMENT APPLICATION - CPA LICENSE

- **CPE requirements must have been met in order to reinstate a CPA license.** In accordance with the *Rules and Regulations - An individual seeking reinstatement of a CPA license must . . . show satisfactory evidence of accrual/completion of the minimum CPE credit hours missed as a result of not being registered, 40 CPE credit hours per compliance period including ethics CPE and subject to a maximum of 200 CPE credit hours, in lieu of resitting for the CPA examination and completion of all requirements for the issuance of such CPA license . . .*
- If applying for reinstatement of a **reciprocal license**, good standing confirmation must be completed by the Board issuing your original license (reverse side of this application).

Name

Address

City, State, Zip Code

Telephone

CPA License Number: _____
Dated: _____
Board File Number: _____

State the reason(s) for applying for reinstatement:				
Since the date of your last registration/renewal have you? <i>(If yes, please attach an explanation.)</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No a. Been convicted or pleaded no contest to felony ? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Been disciplined in another jurisdiction?				
Schedule below current and any other employment since cancellation with address and telephone numbers. (Complete a Request for Employment Verification for each employer listed.)				
Employer Name & Address	Telephone	From	To	Title or Position

Fees enclosed:	CPA licensure registration (current year)	\$ 100.00
	Add Fees in Arrears (Registration fees are due for each period not licensed.)	
	Late fee (non-refundable)	_____ 150.00
	Reinstatement processing fee (non-refundable)	_____ 200.00
	TOTAL FEES	\$ _____

I hereby make application to reinstate my certified public accountant license in the State of Mississippi as indicated on this application. All statements, and information presented here and on the CPE reporting forms are true and correct to the best of my knowledge and belief. I agree to abide by the laws of the State of Mississippi and adhere to the *Rules and Regulations* of the State Board of Public Accountancy.

Applicant's Signature	Notary Public	
	Sworn to and subscribed before me on	Seal
	this the ____ of _____, ____	

DO NOT WRITE BELOW	
Fees: \$	Approved: Yes _____ No _____
Deposit Date:	Board Meeting Date :
CPE: # Hours Required # Completed	If not approved, reason:

