



MISSISSIPPI STATE BOARD
OF PUBLIC ACCOUNTANCY

5 OLD RIVER PLACE, SUITE 104
JACKSON, MS 39202-3449
(601) 354-7320 (601)354-7290 FAX
www.msba.ms.gov email@msba.ms.gov

Initial Application
CPA (*Retired*)

DUE NO LATER THAN: JANUARY 1, 2012

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 regulated by the Mississippi State Board of Public Accountancy.

_____ 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 regulated by the Mississippi State Board of Public Accountancy.

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 regulated by the Board, 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