

MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

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

APPLICATION FOR RECIPROCAL CPA LICENSE TO PRACTICE PUBLIC ACCOUNTING

Before returning the application to the Mississippi State Board of Public Accountancy, **send the completed application to the State Board which issued your original CPA certificate/license for completion of the back section.** Type or print all parts of the application. Return this application along with completed and *signed Request for Employment Verification* form(s) and *Schedule of Continuing Professional Education* form along with your check or money order. The Board will not approve an incomplete application. See Chapter 2 of the *Rules and Regulations* for requirements - www.msbpa.state.ms.us.

Name (First, Middle, Last)	SS Number: _____	Affix a 2 x 2 Face Shoulder Passport Quality Photograph of Yourself Here
Home Address	Birthdate: _____	
City, State, Zip Code	Birthplace: _____	
Home Telephone	Original CPA License: State: _____	
Email	Number: _____	
	Dated: _____	

- Reason(s) for applying for reciprocal (required): _____

- Are you licensed/certified in other states? _____ Yes _____ No.
List the **resident** state and license number: _____
List the **other** state(s) and license number(s): _____

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

CPA licensure fee:	\$ 100.00
Reciprocal processing fee (<i>Non-refundable</i>)-----	<u>100.00</u>
TOTAL FEES	<u>\$ 200.00</u>

I hereby make application for a reciprocal CPA license to practice public accounting as a certified public accountant in the State of Mississippi as indicated on this application. 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.

Notary Public:
Sworn to and subscribed before me on this the _____ day of _____, 200 ____.

Applicant's Signature

Notary Public's Signature

SEAL

DO NOT WRITE BELOW			
Fees: Amount \$	Deposit Date	Approved: Yes	No
CPE: # Hours Required	# Completed	Date:	
Years Public Accounting Experience:		By Board Members:	
If not approved, reason: _____			

Applicant's Name: _____ State issuing original CPA license: _____

1. Have you applied for licensure in Mississippi before? ____ Yes ____ No. If yes, list date applied and license number if issued.
Date: _____ CPA License Number: _____
2. Are you under indictment or have you ever been convicted of or pleaded no contest to a felony? ____ Yes ____ No.
If yes, explain in an attached statement.
3. Have you ever been disciplined in another jurisdiction? ? ____ Yes ____ No. If yes, explain in an attached statement.
4. Have you been in public practice as a CPA holding a license to practice public accounting for at least **four years** in the ten years immediately prior to the date of this application? ____ Yes ____ No. If no, are the requirements of the State for your license substantially equivalent to Mississippi's? ____ Yes ____ No. Contact the Board office.
5. Do you have an office in the State of Mississippi? ____ Yes ____ No. If yes, list the complete address and telephone number:

6. Schedule below **all past and current** employment within the last ten years. Complete a Request for Employment Verification for each employer listed. (Attach separate sheet if necessary.)

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

CERTIFICATION OF STATE BOARD ISSUING ORIGINAL (OR RESIDENT STATE) CPA LICENSE

1. Does the applicant's name, address, license and other information agree with your records? ____ Yes ____ No.
If no, please list the differences _____
2. Is the applicant licensed to practice public accounting in your State? ____ Yes ____ No.
3. Is the applicant in good standing with your State Board? ____ Yes ____ No. Expiration date: _____
4. Does your Board recommend the applicant to be considered for a reciprocal CPA license to practice from the Mississippi State Board of Public Accountancy? ____ Yes ____ No.
5. Does your Board give like consideration to holders of Mississippi CPA licenses and issue reciprocal certificates and licenses to practice public accountancy in your State? ____ Yes ____ No.
6. If the answer to any of the above is no, please explain _____

7. The following grades were awarded on the Uniform CPA Examinations for the applicant as reported by the AICPA Advisory Grade Service and approved by this Board (Please explain if any grades were changes by your Board.):

Date	ID #	AUDIT	LPR	ARE	FARE

This information has been verified and is certified correct as of this ____ day of _____, _____
Board: _____

BOARD

Official Signature: _____

SEAL

Title: _____