

REQUEST FOR EMPLOYMENT VERIFICATION

TYPE OR PRINT EMPLOYER'S NAME AND ADDRESS WITHIN BRACKETS AND DO NOT DETACH

TO THE EMPLOYER ADDRESSED BELOW: In connection with my application to be licensed as a Certified Public Accountant, please furnish the Mississippi State Board of Public Accountancy, 5 Old River Place, Suite 104, Jackson, MS 39202, with any information which it may request regarding my employment.

Signature of Applicant

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