



# MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

5 OLD RIVER PLACE, SUITE 104  
JACKSON, MS 39202-3449  
(601) 354-7320 (601)354-7290 FAX

www.msarpa.state.ms.us email@msarpa.state.ms.us

## AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

TYPE OF PRINT IN INK

This form is essential to the application you are filing with this Board. Please complete the top portion only and IMMEDIATELY forward the form to the Board of Accountancy where your examination grades and/or certificate and license were established. That Board, in turn will complete the remainder of the form and return it to this agency. (You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.)

(Last Name)	(First Name)	(Middle Name)	(Maiden Name)
(Mailing Address)	(City)	(State)	(Zip Code)
(Telephone Number – Daytime)	(Certificate Number)	(Date of Birth)	(Social Security Number)

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the Mississippi State Board of Public Accountancy to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the AICPA should the need arise.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Name)

### Section A - Verification of Examination Grades

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service (if applicable) and approved unchanged by this Board. (Please use Section D of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Exam was used or if there is any reason why the grades should not be accepted.) If a separate sheet of explanation is attached, please affix an official signature and Board seal.

Exam Date (Mo/Yr)	AICPA ID#	AUD	BEC	FAR	REG

1. Was the applicant ever denied admission to the examination? If yes, please explain in Section D. **9**Yes **9**No
2. If the applicant has not completed the CPA examination, are there any restrictions preventing him/her from sitting in your state? If yes, please explain in Section D. **9**Yes No
3. Number of subjects with which the candidate is credited, if any. \_\_\_\_\_
4. Date credit(s) or grade(s) expire, if applicable. \_\_\_\_\_
5. Date candidate initially sat for the exam in your state. \_\_\_\_\_

## Section B – Certificate Licensure Status

### Certificate As a Certified Public Accountant:

1. The applicant holds an Original Reciprocal (Check One) CPA certificate which is in good standing unless otherwise noted in *Section D*.  
Certificate Number \_\_\_\_\_ Date \_\_\_\_\_
2. Has the individual has completed an ethics examination? Yes No N/A  
Exam prepared and graded by: AICPA Board Other \_\_\_\_\_ Grade \_\_\_\_\_

### License/Permit to Practice as a certified public accountant:

(If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

3. Has the applicant ever been licensed in your state? Yes No (If yes, complete compete 4 and 5.)
4. The applicant holds a license/permit (mark out one) from your Board to practice as a certified public accountant for the period ending and is currently in good standing in your state. Please note any exceptions to the above statements in *Section D* of this form.
5. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:
- License/permit not required
  - Pay appropriate fees and/or post bond
  - Complete acceptable accounting/auditing experience
  - Complete continuing professional education requirements
  - Other (please specify): \_\_\_\_\_

## Section C – Additional Information Requested

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## Section D – Exceptions Noted or Explanations of Information Provided

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Official Seal and signature must be affixed to attached sheets if needed to respond to this inquiry.

The information herein is correct to the best of our knowledge.

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Official Signature (if necessary)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**OFFICIAL  
BOARD  
SEAL**