



**APPLICATION FOR RECIPROCAL ISSUANCE
(Certified Public Accountant Certificate)**

State Form 9069 (R4 / 7-97)

Approved by the State Board of Accounts, 1997

**INDIANA BOARD OF ACCOUNTANCY
Indiana Professional Licensing Agency**
302 W. Washington St., Rm. E034
Indianapolis, IN 46204-2700

SOCIAL SECURITY NUMBER

* Your Social Security number is requested in accordance with IC 4-1-8-1; however disclosure is not mandatory. The number will be given to the Indiana Department of Revenue.

FEE: \$50.00

LICENSURE REQUIREMENTS

The Indiana Board of Accountancy may issue a certified public accountant certificate without examination to an applicant meeting the following qualifications:

Applicant must:

1. Be the holder of a certificate, license or permit issued by another state.
2. Meet the requirements of IC 25-2.1-4-4 and any other requirements the Board may establish.

PART I - GENERAL

Name of applicant			
Residence address (street and number, city, state and ZIP code)			
Business address (street and number, city, state and ZIP code)			
Mailing address (street and number, city, state and ZIP code)			
Telephone number (business)	Date of birth (month, day, year)	Social Security number *	
Have you been convicted of:			
A. an act which would constitute a ground for disciplinary sanction under IC 25-2-1-13.1(b);		<input type="checkbox"/> Yes <input type="checkbox"/> No	or
B. a felony that has a direct bearing on your ability to practice competently?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain on a separate sheet and attach to this application.			
Do you hold a license in good standing as a certified public accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, state where issued	Date issued (month, day, year)	License number
Was license issued as a result of an examination by the American Institute of Certified Public Accountants? <input type="checkbox"/> Yes <input type="checkbox"/> No	CERTIFICATION STATUS WILL BE REQUESTED OF THE STATE OF JURISDICTION BY THE INDIANA BOARD OF ACCOUNTANCY.		
Are you an employee of a certified public accountant practicing in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give address		

PART II - EXPERIENCE

Indicate employment or business experience requiring the use of accounting skills. Begin with most recent employment and identify public accounting experience. Attach supplementary schedule if necessary.

Name of employer	Dates employed (month, day, year) From: _____ To: _____
Address of employer (street and number, city, state and ZIP code)	
Duties	
Name of employer	Dates employed (month, day, year) From: _____ To: _____
Address of employer (street and number, city, state and ZIP code)	
Duties	
Name of employer	Dates employed (month, day, year) From: _____ To: _____
Address of employer (street and number, city, state and ZIP code)	
Duties	

Continued

PART II - EXPERIENCE (continued)

Indicate employment or business experience requiring the use of accounting skills. Begin with most recent employment and identify public accounting experience. Attach supplementary schedule if necessary.

Name of employer	Dates employed (month, day, year) From: _____ To: _____
------------------	--

Address of employer (street and number, city, state and ZIP code)

Duties

Summary of Accounting Experience

Number of years you have practiced as a certified public accountant	Have you pursued any other business activity during this time period? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state nature of business and period of time so engaged.
---	---

PART III - EDUCATION

Indicate college(s) or university(es) attended. Use semester hours [three (3) quarter hours equal two (2) semester hours].

Name of college/university	Years attended
----------------------------	----------------

Address (street and number, city, state and ZIP code)

Semester hours completed	Degree	Date
--------------------------	--------	------

Accounting courses included

Name of college/university	Years attended
----------------------------	----------------

Address (street and number, city, state and ZIP code)

Semester hours completed	Degree	Date
--------------------------	--------	------

Accounting courses included

Name of college/university	Years attended
----------------------------	----------------

Address (street and number, city, state and ZIP code)

Semester hours completed	Degree	Date
--------------------------	--------	------

Accounting courses included

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____

SS:

I, _____, first being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public
------------------------	----------------------------

Printed or typed name of applicant	Printed or typed name of Notary Public
------------------------------------	--

Date subscribed and sworn to (Notary Public)	County of residence	Date Commission expires
--	---------------------	-------------------------