

NEBRASKA BOARD OF PUBLIC ACCOUNTANCY

P.O. Box 94725, Lincoln, NE 68509-4725

(402) 471-3595 or (800) 564-6111

APPLICATION FOR INACTIVE REGISTRATION

If you have evidence of having met the work experience on file with the Nebraska Board of Public Accountancy, you must either apply for an active permit or an inactive registration. Section 1-136 of the statutes allows any certificate holder who has not lost his/her right to issuance or renewal of a permit and who is not actively engaged in the practice of public accountancy to file a written application with the board to be classified as inactive. Only individuals who have completed the appropriate experience will be issued a permit to practice or an inactive registration. If renewing a current Inactive Registration, the deadline is June 30.

Application must include fee of \$80 and an original signature. **Incomplete applications will be returned unprocessed and deemed not to have been received.**

Certificate #: _____	Social Security #: _____
Date of Birth: _____	
NAME: _____	
Mailing Address: _____	
Street or PO Box	City State Zip
work <input type="checkbox"/> home <input type="checkbox"/>	
Home Phone: _____	Work Phone: _____
Date Work Experience Met: _____	
E-mail Address: _____	Fax Number: _____

DISCLOSURE STATEMENTS (Pursuant to Section 1-137 of the Public Accountancy Act)

1. Have you ever been convicted of a felony by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)
 No. Yes.
2. Have you ever been convicted of any crime, an element of which is dishonesty or fraud, by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)
 No. Yes.
3. Have you ever had any professional or vocational license revoked or suspended, or been subject to other disciplinary action regarding such a license in this state or any other state, or by the United States government? (If yes, please attach a separate page giving details regarding the action taken, by what agency, dates and locations.)
 No. Yes.

PLEASE COMPLETE REVERSE SIDE

State Board Use Only (3/04) Date Recd. _____	Check # _____
Rect. # _____	Amt./Code: \$80 (04-7511)

4. List all other states in which you hold a CPA certificate and/or a license:

STATE	CPA CERT/LICENSE #	DATE EXPIRED	IN GOOD STANDING	
(1) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(2) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(3) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(4) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(5) _____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5.a. **EMPLOYMENT STATUS**

I am not employed at all at this time.

OR I am employed by/at:

5.b. **CPA FIRM STATUS**

This IS a registered, licensed CPA firm.

OR **This is NOT a registered, licensed CPA firm.**
What type of business is this? _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Check one: I am an owner/partner/shareholder/member of the above. **OR** I am an employee of the above.

6. Do you practice public accountancy in the state of Nebraska?

No. Yes. (You must have an active permit to do so.)

7. Do you hold yourself out as a CPA in the state of Nebraska?

No. Yes. (You must have an active permit to do so.)

Rule reference: Title 288, Chapter 5, Section 007.03; Chapter 3, Sections 001.09 and 001.17

ALL APPLICANTS MUST SIGN/DATE FORM & INCLUDE FEE BEFORE RETURNING.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that I cannot hold myself out to the public as a practicing CPA, including the display or use of any information to that effect. I also understand and acknowledge that I cannot practice public accountancy nor hold out as a CPA in the state of Nebraska without an active permit to practice.

Date _____ Signature _____