

**NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY
PO BOX 94725
LINCOLN, NEBRASKA 68509-4725**

**Authorization for Interstate Exchange of
Examination and Licensure Information**

This form is essential to the application you are filing with this Board. Before your application will be considered for approval, the information requested below must be officially verified by the Board of Accountancy where your examination credits and/or certificate and license status were first established. Please complete the information requested and forward it to that Board of Accountancy where credits and/or status were first established and they, in turn, will complete the remainder of this 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, such as fees, to be met before the information will be released.

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

Mr.
Ms.
Mrs.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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CURRENT MAILING ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE: WHERE YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the Nebraska 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.

APPLICANT SIGNATURE	DATE SIGNED
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SECTIONS A THRU D ARE TO BE COMPLETED ONLY BY THE BOARD OF ACCOUNTANCY

SECTION A: VERIFICATION OF EXAMINATION CREDITS

The following are grades awarded on the Uniform CPA Examination(s) for the applicant as reported by the AICPA Advisory Grading Service 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 they should not be accepted.)

(PLEASE LIST ALL GRADES, INCLUDING FAILING, RECORDED FOR APPLICANT)

DATE OF EXAMINATION	AICPA I.D. NUMBER	AUDITING	LAW	THEORY	PRACTICE

- 1) Was the applicant ever denied a sitting(s)? If yes, please use Section D of this form to explain YES NO
 2) If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? (Use Section D to explain) YES NO
 3) Number of conditioned credits, if any. _____ # N/A
 4) Date credits expire, if any _____

SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS

Certificate as a Certified Public Accountant:

1. The applicant holds an original reciprocal (check one) CPA certificate number _____ date issued _____ which is in good standing unless otherwise noted in Section D of this form.
 2. Has the individual completed an ethics examination? YES NO
 If yes, was it AICPA _____? State Board prepared _____? Other _____?
 Grade _____ Date Completed _____

License/Permit to Practice Public Accounting:

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

3. The applicant holds a license/permit from this board for the period ending _____ and is currently in good standing in this State. (Please note any exceptions to the above in Section D of this form.)
 4. The applicant has been licensed to practice in this state as a CPA in four (4) of the previous ten (10) years from _____ (DD/MM/YY) to _____ (DD/MM/YY).
 5. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance 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:

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED:

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

**OFFICIAL
BOARD
SEAL**

Board/Agency

Official Signature

Title

Date