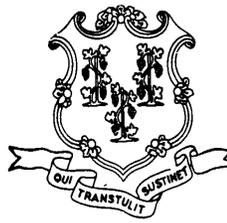


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 State Board of Accountancy
 165 Capitol Avenue
 Hartford, CT 06106
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Request for Verification of Certificate/License & CPA Exam Grades

➤ Instructions for Board of Accountancy:

1. Please complete this request for verification and return the completed form in a sealed envelope to the applicant.

➤ Instructions for the Applicant:

1. Examination grades must be transferred from the jurisdiction in which the examination was taken.
2. Submit this form to the State Board that issued your original certificate and/or license. Be sure to include any required fee.

Applicant's Name		Date of Birth	
Street Address	City	State	Zip Code

Indicate if the applicant holds an original certificate as a Certified Public Accountant:

Certificate Number: _____	License Number: _____
Date Issued: _____	Date Issued: _____

Indicate if the individual is or is not currently registered to practice: Is Registered Is Not Registered

If this individual's Certificate or License has been suspended, revoked or action has been taken against it, please provide the reason (you may submit supplemental documentation):

Please check (✓) how the person noted above passed the certified public accountant examination:

<input type="checkbox"/>	1. Prepared and graded by the American Institute of Certified Public Accountants
<input type="checkbox"/>	2. Prepared and graded by this Board of Accountancy in the state:
<input type="checkbox"/>	3. Prepared by the American Institute of Certified Public Accountants and graded by this Board
<input type="checkbox"/>	4. Other:

If the applicant sat for the CPA exam, please provide their passing grades:

Date	Audit	Law	Theory	Practice

Has the applicant successfully completed the AICPA Ethics Course with a grade 90% or better? Yes No

Completed By:

State Board	
Name	
Position & Date	
Email & Phone Number	

Affix State Board Seal