SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 East 14th Street, Suite 200, Sioux Falls, SD 57104 605.367.5770 accountancy.sd.gov

AFFIDAVIT FOR INACTIVE STATUS AND CPE EXEMPTION FOR THE YEAR ENDING JULY 31, 2026

The inactive certificate fee is \$100 if filed by Aug. 1, 2025 (\$200 if filed after Aug. 1, 2025)

Make check payable to the SD Board of Accountancy. No cash please.

First Name:	Middle:	Last:	
Address:	City:	State:	Zip:
Phone number:	Email:		
Certificate Number:	Date Issued:		
l,	, hereby adv	vise the South Dakota State Bo	ard of Accountancy that I
wish to register my certificate as "Inac	tive".		
I warrant and affirm that I have not perform services involving the use of accounting or to perform for the public one or more kind perform for the public services including public services. (Date	auditing skills, including the issuance s of management advisory, financial a	of reports on financial statements dvisory or consulting services nor ning of advice on tax matters since	, nor have I performed or offered have I performed or offered to
I understand that by doing so I give up the "Inactive" adjacent to the use of the title welection, I cannot perform or offer to perform understand the Statutes and Rules of the statutes and Rules of the statutes and Rules of the statutes are statutes.	which includes the abbreviations CPA, form for the public any of the services li	PA and the word "Accountant". I	understand that by making this
I understand that I must continue to rene of Accountancy. I further understand in or period preceding the date I request reactive	der to return to active status, I must o		
Additionally, I understand that violation of relating to improperly performing services the South Dakota Board of Accountancy.			
I, the undersigned, declare and affirm under and to the best of my knowledge and belie knowing the same to be false or untrue, in	f, is in all things true and correct. Any	person who signs such statement	
NOTE: Pursuant to SDCL 36-20B-29, each occurrence of any denial of an application employment or conviction of a felony. If this application. Since your last renewal:	or revocation or suspension of a cert	tificate or license in another state	or any change of address,
to any criminal offense (excluding non-crin	rested, convicted, found guilty of, reconing traffic infractions)? On for a certificate or license denied or		
state or federal agency, or governing or lice	ensing board?		
yes no Have you been investigate a state or federal agency or the AICPA or a	d, charged, or disciplined; or are you c nv state CPA societv?	currently under investigation by a page	governing or licensing board or b
	y civil suit, bankruptcy action, adminis		itration; the basis of which is
Signature		 Date	

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