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

FOR OFFICE USE ONLY
CPA Certificate # _____
Date Issued _____

WEB ID & Password

APPLICATION FOR RECIPROCAL CERTIFICATE

INSTRUCTIONS

- 1. When completing this form, type or print legibly.
- 2. Attach fee of \$50 (include a \$50 late fee if applying after 90 days of becoming eligible for a certificate). Make checks payable to the South Dakota Board of Accountancy.
- 3. Sign an "Authorization for Interstate Exchange of Examination and Licensure Information" form and send it to your home Board so they can complete and forward it to our office.

1.	Name in	Full:		· · · · · · · · · · · · · · · · · · ·				
		First			Middle		Last	
	Th W	ne disclo: ill keep t	umber:	urity number is mandat mber confidential, exce	ory pursuant to 42USCA 66	6, Title IV-D of the Socia	Female I Security Act. This licensing board f Social Services for use in	
2.	Residenc	ce Addre	ess:					
					City	State	Zip + Four	
	Resident	ce Phon	e Number:		E-Mail:			
3.	Employe	er:						
	Address	5:			City	State		
	Dhana						Zip + Four	
	Phone r	vumber			_ Email:			
4.	Place of	Birth:			Date of Birth:			
-			City	State				
0.	MORAL CHARACTER DATA: If you answer "Yes" to any of the questions below, you must provide a certified copy of the court records or a certified copy of applicable							
	 yes no Have you had an application for a certificate or license denied or a certificate or license suspended, canceled, or reany state or federal agency, or governing or licensing board? yes no Have you been investigated, charged, or disciplined; or are you currently under investigation by a governing or licensing board or by a state or federal agency or the AICPA or any state CPA society? yes no Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the bawhich is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence? 						on by a governing or licensing ding arbitration; the basis of	
6.	List all st	ates yo	u are licensed in now or hav	e been licensed in the	past:			
7.	•		professional ethics exam is ou must order and complete	this course. Please p	provide the following info	ormation regarding a	n ethics course:	
			umentation enclosed: tate ethics course was take		submitted to AICPA			
8.	If yes, is		n active duty member of the ouse subject to military tran No	sfer to South Dakota,	and did you leave emplo	oyment to accompan	y your spouse to South Dakota?	
				-	TRUE STATEMENT			
all 20 a	stateme B of the S certificate	nts, ans South D e is \$50	wers and representations n akota Statutes and the rule and is payable with the a	nade in the foregoing s of the South Dakot pplication. I hereby	application, including a a Board of Accountancy authorize all colleges a	any supplemental sta and agree to abide b and universities, my	rjury to the truth and accuracy of tements. I have read Chapter 36 by them. I understand the fee for references, employers (past an o the Board of Accountancy an	

Signature: ____

information, files or records requested by the Board in connection with the processing of this application.