

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

UNIFORM CPA RE-EXAMINATION APPLICATION

INSTRUCTIONS

1. **Complete** the form online, and sign (verify your signature via email as instructed), a copy will be emailed to you.
2. **Print** the form and **mail** it to the address above with payment.
3. **Indicate section(s) to be taken and enclose the appropriate fees.** Make check payable to the South Dakota Board of Accountancy. The application will not be processed until payment is received.

AUD - \$302.64

FAR - \$302.64

REG - \$302.64

Discipline- \$302.64 Select ONE(1): BAR ISC TCP

1. Name: _____
 First **Middle Initial** **Last**

Other Names Known By Since Last Application: _____

2. Birthdate: _____ Mother's Maiden Name: _____

3. Home Address: _____
 Street/Box Number **City** **State** **Zip + Four**

Primary Phone: _____ Email: _____

4. Employer Name: _____

Employer Address: _____
 Street/Box Number **City** **State** **Zip + Four**

Phone Number: _____ Email: _____

5. NTS Delivery Preference: Home Email Business Email

6. Have you been convicted of any crime other than minor traffic violations or been charged with any dishonest acts or unprofessional conduct since your original or last application? Yes No If yes, attach an explanation.

7. Have you taken the CPA examination in any other jurisdiction since you last took it in South Dakota? Yes No
 If so, do you hold conditional status with any other state? Yes No If yes, immediately request an Interstate Authorization form from this office to transfer information

8. **Candidates with Disabilities:** Applicants requiring modifications in the examination administration due to a disability must obtain an official modification form from the South Dakota Board of Accountancy. Applicants must complete and submit this form every time they apply for the examination and require special modifications. The completed form must be returned to the South Dakota Board of Accountancy with all required documentation at the time of application.

9. ATTESTATIONS

- I understand and agree that I will not divulge the nature or content of any examination question or answer to any individual or entity; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any examination materials from the examination room. Failure to comply with this attestation may result in my invalidation of exam grades, disqualification from future Uniform CPA Examinations, and facing possible civil and/or criminal penalties.
- I confirm that I have read and understand the provisions contained in the "Candidate Guide". I agree that in the event my examination data are lost or damaged, any claim I may have will be limited to the examination fee(s) paid by me.
- I understand and agree that the information I provided above will be shared with the National Association of State Boards of Accountancy (NASBA).
- Under penalty of perjury, I certify to the truth and accuracy of all statements, answers, and representations made in the foregoing application, and in all supplementary statements and materials.

SIGNATURE OF APPLICANT

DATE