

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 East 14th Street, Suite 200, Sioux Falls, SD 57104
 Tel: 605.367.5770 Fax: 605.367.5773 accountancy.sd.gov

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND
 LICENSURE INFORMATION**

This form is essential to the application you are filing with this Board. Before approval of your application, the Accountancy Board must verify your examination credits and/or certificate and license status. Please complete the initial portion of this form and then forward it to the Board of Accountancy where credits and/or status were established. That Board, in turn, will complete the remainder of this form (Sections A-D) 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 and/or fees charged before such information will be released.

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

Mr Ms _____
 First Name Middle Name Last Name Maiden Name

 Current Mailing Address Certificate Number (if applicable)

 City State Zip + Four Telephone Number (During business hours)

Date of Birth: _____ Social Security Number: _____ Email: _____

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the South Dakota Board of Accountancy to complete an application filed with that agency. I agree that the State Board may confirm the scores issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

 Applicant Signature Date Signed

SECTIONS A THROUGH D ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY

SECTION A: VERIFICATION OF EXAMINATION CREDITS

The following are scores awarded on the Uniform CPA Examination(s) for the applicant named above as reported by the AICPA Advisory Grading Service. Please use Section D of this form to explain if any of the scores were changed, if an exam other than the Uniform CPA exam was used, or if there is any reason why the scores should not be accepted. If a separate sheet is attached, please affix official signature and Board Seal to it also.

Exam Date	Score Release Date	I.D. Number	AUD (Audit) (Auditing)	BEC (LPR) (Law)	FAR (FARE) (Theory)	REG (ARE) (Practice)	BAR	ISC	TCP

1. Was the applicant ever denied admission to the exam? Yes No
If yes, please use Section D of this form to explain.
2. If the applicant has not completed the CPA exam, are there any restrictions preventing him/her from sitting in your state?
Yes No If yes, use Section D to explain.
3. If the candidate has not passed all parts of the CPA exam, but has conditioned, indicate below the expiration date of parts passed for which credit has been given.
Date credits expire: _____ or N/A

SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS

Certificate as a Certified Public Accountant:

1. The applicant was granted an original or reciprocal CPA certificate number _____ issued on _____ which is in good standing unless otherwise noted in Section D of this form.
2. The individual has completed an ethics exam. Yes No N/A Exam prepared and graded by:
Board AICPA Other: _____ Date passed: _____ Score: _____

License/Permit to practice public accounting:

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

3. Yes No This state is a two-tier state.
4. Yes No The license/permit from this Board is in good standing and expires on _____.
5. Yes No The applicant is currently licensed to engage in the practice of public accounting, including attest.
6. Yes No Has there ever been any disciplinary action instituted against the applicant? If yes, explain in Section D.
7. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:

- _____ License/Permit not required
- _____ Pay appropriate fees and/or post bond
- _____ Complete acceptable accounting/auditing requirements
- _____ Complete continuing professional education requirements
- _____ Other (please specify): _____

SECTION C: ADDITIONAL INFORMATION REQUESTED

1. Does your Board issue reciprocal CPA certificates to residents of South Dakota? Yes No

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED - (Official Seal and signature must be affixed to the attached sheets if needed to respond to this inquiry.)

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

OFFICIAL
BOARD
SEAL

Board/Agency

Official Signature

Title

Open this form in an Adobe reader to complete or print. Changes made in your internet browser will not save.