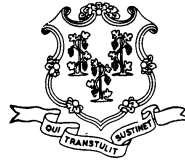


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Board of Accountancy
 450 Columbus Blvd, Ste. 801
 Hartford, CT 06103
 Email: dcp.licensecpa@ct.gov
 Web site: www.ct.gov/dcp



For Official Use Only

CPA INITIAL LICENSE & REGISTRATION APPLICATION

All applicants must be a holder of a Connecticut CPA Certificate. This application must be mailed to the address above with a check or money order made payable to "Treasurer, State of CT". Please list the email address for all correspondence related to this license/registration in the space provided below.

Please check (✓) the credential you are applying for:

License: \$150.00. The license authorizes unlimited use of the title Certified Public Accountant & the initials CPA. The license is required for all owners of a CPA Firm who work in CT.

Registration: \$40.00. The registration authorizes the use of the CPA designation for personal stationary, personal checks and social correspondence. For more information regarding allowable use of the CPA designation, please refer to Connecticut General Statutes, Section 20-281g.

Section I: Applicant Information

First Name		Middle Name	Last Name	
Address (If using a business address please state business name)				
Street Address		City	State	Zip Code
Telephone Number	Email Address (mandatory for all applicants)			Date of Birth
Social Security Number*	CT CPA Certificate Number	Name certificate was issued under if different from above		

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CGS17b-137a.

Section II: CPA Certificates/Registrations/Licenses

Were you issued your Connecticut CPA Certificate via reciprocity? Yes No If Yes, indicate state: _____

Do you hold a CPA certificate/registration/license in another jurisdiction? Yes No If Yes, list **all** jurisdictions (abbreviations only):

Have you ever had a CPA certificate/registration/license surrendered, suspended, revoked, limited, denied or is any such action pending in any state or jurisdiction? Yes No If Yes, attach a statement of explanation

Section III: Background Information

Have you ever been convicted of a crime which constitutes a felony? Yes No If Yes, attach a statement of explanation

Section IV: Attestation

I, _____ declare under penalty of perjury, under the laws of the State of

 (Printed Name of Applicant)
 Connecticut, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license/registration.

 Signature of Applicant

 Date