

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION APPLICATION FOR INITIAL LICENSE AS A CERTIFIED PUBLIC ACCOUNTANT

MISSOURI STATE BOARD OF ACCOUNTANCY 3605 MISSOURI BLVD, P.O. BOX 613 JEFFERSON CITY, MISSOURI 65102-0613 (573) 751-0012



The instructions listed are to assist the applicant in complying with mandates of Chapter 326 of the Revised Statutes of Missouri. Each section must be filled out in its entirety with appropriate documents and fees attached. Incomplete applications will be returned to the applicant.

In order to be eligible for a license, you must have passed the Uniform CPA Exam and an Ethics exam acceptable to the Board.

SECTION I: Individual Information

- **Full name** of applicant listing last name first, then first name and middle initial.
- Home Address to include street, city, state, and zip code.
- Mailing Address to include street, city, state, and zip code if different from home address.
- **Business Address** to include name of business, street, city, state, and zip code of your current employer.
- Email Address indicate email address to receive correspondence from MOSBA. -Required
- **Telephone** to include home, business and cell phone.
- Social Security Number must have nine numbers listed.
- Date of birth to include month/day/year.
- Other name to include any other name you may have been known by.
- Ethics Exam to include the date you took the ethics exam and who administered the exam.
- **Questions 1-9** All questions must be answered and additional documentation must be included if any questions are answered "yes".
- Firm or Organization to include business entity where you obtained your experience.
- Endorser's Name to include name of the current/active CPA who will attest to your experience.
 - **Endorser's phone number** where s/he may be reached if further information is needed.
 - **Address** to include the endorser's current home or business address includes street, city, state, and zip code.
- Beginning/Ending to include the date you started and completed your experience.
 - Full Time experience was gained on a full time basis within one year.
 - **Part Time** experience was gained part time over a consecutive 3-year period.

SECTION II: Experience Information

- **Experience as a licensing prerequisite Effective August 28, 2001,** the Board's statutes require that **all applicants applying for an initial license must demonstrate** that they have a minimum of one (1) year of experience consisting of full or part-time employment that extends over a period of no less than one (1) year and no more than three (3) years and includes no fewer than two-thousand (2,000) hours.
 - Experience shall be verified by a licensee and shall include any type of service or advice involving the use of accounting, attest, review, compilation, management advisory, financial advisory, tax or consulting skills including governmental accounting, budgeting or auditing. Experience may include employment in industry, government, academia or public practice.
- **Applicant's Affidavit** applicant must sign in the presence of a notary. This section must be completed. If this section is not completed, the application will be returned to you.
- **Applicant Photograph** Attach one 2x2 photograph to the applicant form.

This section needs to be signed and dated by the applicant prior to giving to the Endorser.

SECTION III: Endorser Information

- Endorser's Name of licensed CPA who will be verifying the experience as explained in Section II. The information is to include last name first, first name, and middle initial.
- **Current Address** of endorser to include street, city, state, and zip code.
- Endorser's Phone and Email where s/he may be reached if further information is needed.
- State where licensed to include state where endorser is currently and actively licensed and his/her license number in that state.

SECTION IV: Endorser's Attestation

• Endorser's Attestation shall include the signature of the endorser verifying the information in Section II and III are correct.

SECTION V: Continuing Education

If applicable, provide documentation (certificates) as evidence that you have completed forty (40) hours of continuing education during the twelve (12) months previous to this application, which must include two (2) hours of ethics; or you may provide a statement on the last page of this application, that you will obtain forty (40) hours of continuing education with two (2) hours of ethics within sixty (60) days of this application.

SECTION VI: Educational Qualifications (Required if all four (4) exam sections were taken on or after June 30, 2021)

- Educational Qualifications to include all colleges and or universities attended. You must enclose CERTIFIED transcripts from all schools or have them mailed directly to the Board.
- Name of School to include official name of college or university attended.
- Location to include city and state of college/university.
- Dates Attended to include start date and end date.
- **Degree** list type of degree acquired.
- **Date Received** list degree date as it appears on your official final transcript.

Fee Information: Attach a check or money order in the amount of **\$90.00** payable to the Missouri State Board of Accountancy. This fee includes \$25.00 for your ornamental wall hanging and \$65.00 for your license. All fees are non-refundable and cannot be applied to another application.

If you currently hold a Missouri certificate, you only need to pay **\$65.00** for your license.

PLEASE NOTE: ALL INFORMATION MUST BE FILLED OUT. IF YOU NEED ADDITIONAL SPACE, PLEASE COPY THE FORM OR ATTACH ADDITIONAL SHEETS.

APPLICANT AND ENDORSER MUST SIGN ALL ADDITIONAL SHEETS PERTAINING TO WORK EXPERIENCE.



STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION APPLICATION FOR INITIAL LICENSE AS A CERTIFIED PUBLIC ACCOUNTANT

(573) 751-0012

ION I - TO BE COMPLETED BY THE APPLICANT. (Type or print in black ink

Prease read the instructions before completing Section 1. Section II. and Section V. Forward the original form to your endorser to complete Section III and Section V. Submit this form along with the appropriate less the above address. NAME - LAST PRET March 2001E Have You Prest settin Norwin BY ANOTHER NAMEY IF YES. LIST NAME - LAST PRET March 2001E STATE 2P MALING ADDRESS. STREET CITY STATE 2P NAME OF EAR-CYPER BUSINESS ADDRESS. STREET CITY STATE 2P WIICH ADDRESS. STREET COTY STATE 2P Yee, State Type	READ BEFORE PROCEEDING: If you passed your exams in a jurisdiction outside of Missouri, do <u>NOT</u> complete this application. You will need to complete the Transfer of Grades Application.								
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ction II of this ap	plication was obtain	ed while employed by	y:					
		PHONE NUMBER	ONE NUMBER					
		CITY		STATE	ZIP			
	DATE EXPERIENCE ENDED			ME [
MUST BE SIGNE	D IN PRESENCE OF	NOTARY						
n described in Secti	ion I and II of this form an	nd the time claimed for wo	1	true and	correct.			
			DATE					
NOTARY PUBLIC EMBOSSER OR STATE OF BLACK INK RUBBER STAMP SEAL			COUNTY (OR CITY	OF ST. LOUI	IS)			
SUBSCRIBED AND SW	ORN BEFORE ME, THIS							
	DAY OF		USE RUBBER	STAMP I	N CLEAR AREA BELOW.			
NOTARY PUBLIC SIGNATURE		EXPIRES						
NOTARY PUBLIC NAM	E (TYPED OR PRINTED)		-					
ETED BY ENDO	ORSER WHO HOLDS	AN ACTIVE LICENS	E AS A CERT	IFIED P	UBLIC ACCOUNTANT.			
 INSTRUCTIONS TO ENDORSER: Read carefully the applicant's Record of Practical Work Experience in Section II of this form and any additional sheets. Provide the requested information below and answer questions 1-6. SIGN THE ENDORSER'S ATTESTATION IN SECTION IV ON THE BOTTOM OF THIS FORM AND AT THE BOTTOM OF ANY ADDITIONAL SHEETS. 								
ENDORSER'S NAME: LAST				MIDDLE				
CURRENT ADDRESS: STREET		CITY		STATE	ZIP			
		EMAIL						
INDICATE STATE(S) IN WHICH YOU ARE LICENSED STATE			LICENSE NUMBER					
ately reflect the w he applicant for th erformed in an ad te letter with addir	vork personally perform his experience reasona dequate and profession tional information abou	ned by the applicant? ably reflect the actual ti nal manner? ut the applicant?	ime?		 YES NO YES NO YES NO YES NO 			
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SECTION IV: ENDORSER'S ATTESTATION

I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and ability and that, except as otherwise noted, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

ENDORSER'S SIGNATURE

DATE

SECTION V: CONTINUING EDUCATION

If you checked "no" to question #8 on page 1, you must provide a statement here agreeing to complete 40 hours of continuing education which includes 2 hours of Ethics within 60 days of this application.

SECTION IV: EDUCATIONAL QUALIFICATIONS

List all colleges and/or universities attended. Enclose CERTIFIED transcripts from all schools or have the registrar mail the certified transcript directly to the Board. Only required if all four (4) exam sections were taken on or after June 30, 2021.

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE		ECEIVED			
	LOOAHON	DATES ATTENDED	DEGREE					
1. Have you or an immediate family me	mber over served in the U.S.	Armed Forces?			s 🗌 No			
2. If yes, would you like information about		s 🗌 No						
Pursuant to Section 324.010 RSMo:								
- CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU								
ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX. False statements are subject to criminal penalties and/or license discipline.								
If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.								
FOR BOARD USE ONLY				DATE				
APPROVED				DATE				