

**APPLICATION FOR LICENSE**  
**CERTIFIED PUBLIC ACCOUNTANT**  
**PUBLIC ACCOUNTANT**  
**TRANSFER OF CREDITS**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

**BOARD OF ACCOUNTANCY**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8627  
Hearing Impaired: (207) 624-8563  
e-mail: [sandra.a.leach@state.me.us](mailto:sandra.a.leach@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

## Transfer of Credits

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- License application with **two checks** to the Board of Accountancy
  - \$50.00 Application Fee
  - \$70.00 License Fee
- Authorization for Interstate Exchange of Information and Licensure Information application (it is the applicant's responsibility to forward this form to their licensing state for completion)
- Work Experience Verification Form
- Official sealed college transcript
- Recent photograph of yourself, measuring 2" x 2"
- Three letters of reference

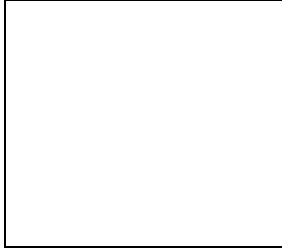
Incomplete applications will be returned.

**QUALIFICATIONS** – In order to qualify for a license as a Certified Public Accountant or Public Accountant by Transfer of Credits, the applicant must have successfully completed the CPA/PA examination in another state or jurisdiction.

The Authorization for Interstate Exchange of Examination and Licensure Information form is essential to the application you are filing with the Board. Before approval of your application, the Accountancy Board must verify your examination credits. Complete the top portion of this form and forward it to the appropriate Board of Accountancy. That Board, in turn, will complete the remainder of this form and return it to the Maine Board of Accountancy.

Complete the Work Experience Verification form documenting two years of experience with a Bachelor's Degree or one year of experience with a Master's Degree. Either Degree requires at least 400 hours of work experience in audit, review and compilation as certified by your employer.

**CERTIFIED PUBLIC ACCOUNTANT/PUBLIC ACCOUNTANT  
TRANSFER OF CREDITS LICENSE APPLICATION**



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF ACCOUNTANCY**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8627 FAX: (207)624-8637  
HEARING IMPAIRED: (207)624-8563

Office Use Only	
Ck # _____	_____
Amount: _____	_____
Cash #: _____	_____
<input type="checkbox"/> 4110-1446 - \$50.00	
<input type="checkbox"/> 4110-1421 -\$70.00(CPA)	
<input type="checkbox"/> 4110-1442 - \$70.00(PA)	

**PLEASE CHECK TYPE OF LICENSE APPLYING FOR:**

**CERTIFIED PUBLIC ACCOUNTANT**       **PUBLIC ACCOUNTANT**

**APPLICATION FEE:            \$ 50.00 (non-refundable)**

**LICENSE FEE:                \$ 70.00**

**You must submit two checks with this application.  
Make Checks Payable to: Treasurer State of Maine**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

**NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Name of Applicant: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Date of Birth: _____ / _____ / _____	Home Telephone: (____) _____ - _____	
	Work Telephone: (____) _____ - _____	

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No  
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

Within the last three years:

- Has your right to practice public accounting been denied, revoked or suspended by any State or Federal agency?  Yes  No
- Has your firm or any professional corporation of which you were a principal been the subject of any disciplinary proceeding by any State or Federal agency?  Yes  No

Have you ever been denied permission to sit for the Uniform CPA/PA Examination? Yes No  
If yes, please explain: \_\_\_\_\_

PRESENT OR LAST EMPLOYER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

**COLLEGE EDUCATION**

NAME AND LOCATION	ATTENDANCE		DEGREE RECEIVED	DATE RECEIVED
	FROM	TO		

**REFERENCES**

Obtain the signatures of three references, listing name, address, occupation and length of time they have known you. One reference should be a CPA/PA and the other two references should be persons who are not CPAs/PAs, all of whom have known you for the past three years. Relatives are not accepted. (If you are unable to fulfill these requirements, have this section completed by other individuals, using your own best judgment, and explain why you cannot fulfill the requirements of this section with a brief statement.)

I hereby certify by affixing my signature below, that I have known the applicant for no less than three years, and that the applicant is of good moral character.

SIGNATURE	NAME & ADDRESS	OCCUPATION	LENGTH OF TIME KNOWN

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY PERSON WHO PROCURES A LICENSE BY FRAUD IS GUILTY OF A MISDEMEANOR AND MAY BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH.

\_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of Applicant)

# AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF ACCOUNTANCY**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8627 FAX: (207)624-8637  
HEARING IMPAIRED: (207)624-8563

Last Name:	First Name:	Middle Name:	Maiden Name:
Mailing Address:			
City:	State:	Zip Code:	
Social Security Number:		Certificate Number, if Applicable:	
Date of Birth: ____/____/____		Home Telephone: (____)____-____	
		Work Telephone: (____)____-____	

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

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

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

**SECTION A: VERIFICATION OF EXAMINATION CREDITS:**

The following are grades awarded on the Uniform CPA/PA 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 grades were changed; if an exam other than the Uniform CPA/PA exam was used; and if there is any reason why the grades should not be accepted.) Please list all grades, including failing grades, recorded for the applicant.

Date of Examination	Candidate ID #	Audit	LPR (Business Law)	FARE (Theory)	ARE (Practice)

1. Was the applicant ever denied admission to the Exam? Yes No (If yes, please use Section D of this form.)
2. If the applicant has not completed the CPA/PA Exam, are there any restrictions preventing him/her from sitting in your state? Yes No
3. If the candidate has not passed all parts of the CPA/PA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given.

**SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS:**

**CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT/PUBLIC ACCOUNTANT**

1. The applicant was granted an original/reciprocal (circle one) CPA/PA Certificate number \_\_\_\_\_  
Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ which is in good standing unless otherwise noted in Section D of this  
form.

**LICENSE/PERMIT TO PRACTICE PUBLIC ACCOUNTING**

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

2. Yes No This state is a two-tier state.
3. Yes No The license/permit from this Board is in good standing and expires \_\_\_\_\_.
4. Yes No The applicant is currently licensed to engage in the practice of public accounting.
5. Yes No Has there ever been any disciplinary action instituted against the applicant?  
If yes, please explain in Section D.
6. 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 fee and/or post bond
- \_\_\_\_\_ Complete acceptable work experience
- \_\_\_\_\_ Complete continuing professional education requirements
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**SECTION C: ADDITIONAL INFORMATION REQUESTED:**

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**SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS ON INFORMATION PROVIDED**

(Official seal and signature must be affixed to attached sheets if needed to respond to inquiry.)

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

Official Board Seal

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



ANGUS S. KING, JR.  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF ACCOUNTANCY**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

ANNE L. HEAD  
DIRECTOR



**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_  
Card number

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (207)624-8627  
(Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637