

STATE OF RHODE ISLAND
BOARD OF ACCOUNTANCY
560 Jefferson Blvd. 1st Floor
Warwick, Rhode Island 02886
dbr.acctinquiry@dbr.ri.gov

PART C: CPA LICENSE VERIFICATION OF CERTIFICATE OR LICENSE

TO THE APPLICANT: After completing the top section, please provide this completed for each state where you are currently certified or licensed. You are advised to check with each state board, before forwarding them the form to determine if a fee is charged before the information is released. The applicant is responsible for making sure that each State Agency sends us the completed from back.

TOP SECTION TO BE COMPLETED BY APPLICANT:

Print Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____

Address _____ Number and Street _____ City _____ State _____ Zip Code _____

I request and authorize _____ Board of Accountancy to provide the information requested below to the Rhode Island Board of Public Accountancy.

Applicant's Signature: _____ Date: _____

STATE BOARD PORTION ONLY: PLEASE COMPLETE AND RETURN TO RI BOARD OF ACCOUNTANCY.

_____ holds CPA certificate or license# _____
Name of Applicant

Initial License Date _____ Date License Expires _____

License Status: Active _____ Inactive _____

Disciplinary Action /License Compliance:

Yes_ No_ Has this certificate or license ever been suspended or revoked?

Yes_ No_ Has the CPA ever been disciplined for violations of your states' standards of conduct or

practice? Yes_ No_ Are there pending actions against this CPA alleging violations of your states' standards of conduct?

If Yes to any of the above, please attach a certified copy of the decision.

Yes_ No_ Is the CPA in good standing and up to date with their CPE requirements for your state?

Board/Agency

Authorized Signature

BOARD SEAL

Title _____ Date _____