

Notification
Of A
Reportable Event

Board of Accountancy
Washington State



CONTACT INFORMATION

Name: _____ Certificate/License/Registration Number: _____
Address: _____ Telephone Number: _____
Address: _____ Email Address: _____
City, State or Province, Country, and Zip: _____
Firms Only - Contact Individual (Please Print): _____

CHECK THE APPROPRIATE BOX(S)

- A sanction, order, suspension, revocation, or modification of license, certificate, permit or practice rights by:
 SEC PCAOB IRS _____ State Board of Accountancy
(State)
- Copy of Sanction/Order is attached (required). Date of Sanction/Order: _____
- Charges that the licensee, certificateholder, non-licensee firm owner or firm committed a prohibited act that would be a violation of Board ethical or technical standards:
 SEC PCAOB IRS _____ State Board of Accountancy
(State)
- Federal, State, Other Regulatory Body or non-governmental professional Standard Setting body: _____
(Organization)
- Copy of charging documents are attached (required). Date of Charges: _____
- Reportable event because license issued through the foreign reciprocity provisions of RCW 18.04.183.

CERTIFICATION OF: Reporting Individual or REPORTING FIRM:

I certify under the laws of the state of Washington to the truth and accuracy of all statements made in this notification.

Print Name: _____

Signature: _____ (Date) _____

Email To: investigations@cpaboard.wa.gov

THE BOARD ADVISES YOU TO KEEP DETAILED COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.