

**Washington
CPA License Application
by Reciprocity**

**Board of Accountancy
Washington State**



FEE: \$330

CONTACT INFORMATION

Applying as (check one): Substantially Equivalent 3/5 or 5/10 Education and Experience

Full Name to be registered with the Board: _____
(Last, First Middle, Suffix)

Previous Names: _____

Mailing Address (including city, state, zip code, country):

Female: Male:
Daytime Phone Number: (____) _____
Email Address: _____
Date of Birth: _____
(month, day, year)
SSN: _____
If you do not have a SSN, please check this box.

CURRENT LICENSE INFORMATION

Provide the State information for the CPA certificate/license/permit you have.

State: _____ Number: _____ Date Issued: _____

SUBSTANTIALLY EQUIVALENT

Please check the appropriate answer for the following question. YES or NO

- Have you verified that the State you are applying from is substantially equivalent to Washington?
- Have you requested to have your licensure information sent to Washington? (If not available online**)

**Online licensee search from other state must provide the following details to be acceptable:
License Number, Name, Status, Issue Date, and Disciplinary Standing.

3/5 or 5/10

Please check the appropriate answer for the following question. YES or NO

- Have you practiced public accounting in the last 3 out of 5 years?
- Have you practiced public accounting in the last 5 out of 10 years?
- Have you requested to have your licensure information sent to Washington? (If not available online**)
- Have you attached acceptable supporting documentation to verify your employment ***?

**Online licensee search from other state must provide the following details to be acceptable:
License Number, Name, Status, Issue Date, and Disciplinary Standing.

***** Acceptable Supporting Documentation:**

- Letter(s) from employer(s) or client(s) that you have been in the practice of public accounting for the requisite time, or
- Business license, or
- State registrations, or
- Licensing documents.

Note: Evidence submitted may be subject to public disclosure laws of the State of Washington

EDUCATION AND EXPERIENCE

Please check the appropriate answer for the following question. YES or NO

- Have you attached a completed Experience Affidavit?
- Have you requested official college transcripts to be sent to Washington verifying your education?
- Have you requested to have your exam grades and licensure information sent to Washington?

GOOD CHARACTER

Please check the appropriate answer for the following questions. Attach separate page(s) to explain any "yes" answers:

YES or NO

- Have you been convicted of a felony?.....
- Have you been convicted of a crime involving dishonesty?
- Have you been issued an order, sanction, or modification of a license, certificate, permit or practice rights by the SEC, PCAOB, IRS, AICPA, GAO, OIG, or any other federal regulatory or oversight agency or federal standards setting body, or another state board of accountancy for any cause other than failure to pay a professional license fee by the due date or failure to meet the CPE requirements of another state board of accountancy?.....
- Have charges been filed by or have you been notified of an investigation undertaken by the SEC, PCAOB, IRS, AICPA, GAO, OIG, or any other federal regulatory or oversight agency or federal standards setting body, another state board of accountancy, or state taxing, insurance or securities regulatory body regarding a prohibited act that would be a violation of board ethical or technical standards?

CERTIFICATION SECTION

I certify that:

- I certify that I have completed an ethics examination as part of my initial qualifications in another state or jurisdiction.
- I certify that I have met the CPE requirements to qualify for reciprocity.
- I certify that the information provided on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

***Make checks payable to: Washington State Board of Accountancy.**

All fees must be in U.S. currency and drawn on a bank with a U.S. bank affiliate listed on the face of the check or money order.

Mail To: PO Box 43113, Olympia, WA 98504

Contact: (360) 753-2586

Physical: 1110 Capitol Way Suite 260, Olympia, WA 98501

Email To: customerservice@cpaboard.wa.gov

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

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. The information you submit to the Board may ultimately be subject to disclosure as a public record.