

Initial Washington CPA License Application

Board of Accountancy Washington State



FEE: \$330

PERSONAL INFORMATION

Applying as (check one): Washington Applicant Transfer of Credit Applicant _____
(State exam was taken and date passed)

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.

GOOD CHARACTER

Please check the appropriate answer for the following questions. Attach separate page(s) explaining 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 have reviewed the example of what my **CPE reporting period** will be for my first renewal.
- I certify that it has not been more than four years since I passed the CPA exam.
- Or
- I certify that it has been more than four years since I have passed the CPA exam, and I have completed the required Continuing Professional Education (CPE).
- I certify that after passing all sections of the CPA exam, I have completed a course and an examination on materials covering all of the AICPA Code of Professional Conduct and have obtained a score of 90% or better on the exam.
- I certify that the information provided on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

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

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 98504-3113 Contact: (360) 753-2586
 Physical: 1110 Capitol Way Suite 260, Olympia WA 98501

The following documents are also required when submitting **either** application type: [Experience Affidavit](#) & AICPA Ethics
 The following documents are also required when submitting the **Transfer of Credit** application type: [Exam Results](#) & Transcripts

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.