



YOUR PERSONAL INFORMATION

Full Name: _____ Email Address: _____
(First, Middle, Last)

Daytime Phone: (____) _____ Date of Birth: _____

VERIFYING CPAS INFORMATION

Full Name: _____ License #: _____ State of Issuance: _____
(First, Middle, Last)

Daytime Phone: (____) _____ Email Address: _____

OTHER BOARD OF ACCOUNTANCY

By completing this form, I acknowledge that the above-referenced verifying CPA was certified/licensed/permitted to engage in the practice of public accounting during the periods specified below. **Please note: the practice of public accounting must include the ability to issue compilation, review and audit reports.**

I certify that: _____ License #: _____
(Verifying CPAs First, Middle, Last name) (Verifying CPAs license number)

is currently certified/licensed/permitted to practice public accounting in the State of _____.

This individual held a certificate/license/permit to engage in the practice of public accounting in this State during the following period(s):

Date initially licensed in your State: _____ Expiration Date: _____

Comments: _____

Official
Board
Seal

_____ State Board of Accountancy

_____ Signature

_____ Title and Date

_____ Contact Phone Number

Applicant:

Mail to: The state your verifying CPA holds a valid license.

Other State Board:

Mail To: PO Box 9131, Olympia, WA 98507

Contact: (360) 753-2586

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.