

**Request to Retire a CPA
License or a
CPA-Inactive
Certificate**

Board of Accountancy
Washington State



NO FEE

Complete this form if you wish to put your status into a retired status effective immediately.

CONTACT INFORMATION

Full Name: _____

License/CPA-Inactive Certificate #: _____

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

Daytime Phone: (____) _____

Email Address: _____

Date of Birth: _____

CERTIFICATION SECTION

I certify that:

☐ I wish to be classified as "Retired."

☐ While retired, I will not use the title CPA, CPA-Inactive or CPA Retired CPA Retired (unless authorized by WAC 4-30-058) in any way in Washington State unless I qualify for practice privileges per RCW 18.04.350(2).

☐ The information on this form is true and correct.

Signature: _____

Date: _____

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.

Revised May 2012