#### ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY

Location Address Mailing Address
770 Washington Ave., Suite 226 P. O. Box 300375
Montgomery, AL 36104 Montgomery, AL 36130-0375
Telephone: 334/242-5700
Fax: 334/242-2711

www.asbpa.alabama.gov

### **APPLICATION FOR RECIPROCITY INSTRUCTIONS**

The Board will take the following steps to verify your eligibility for reciprocity.

- 1. The Board will review the Accountancy Licensing Database (ALD) to verify that you have a permit to practice (license) in the State of issuance,
- 2. If the Board cannot verify your license using the ALD, the Board will then attempt verification using the website of the State of issuance,
- 3. If the Board still cannot verify your license, you will be required to complete the Interstate Exchange Form found on our website.

If you have any questions, please contact the State Board office at 334-242-5700 or in State at 1-800-435-9743.

### ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY PO Box 300375, Montgomery, AL 36130-0375 (334) 242-5700 Application for Certificate by Reciprocity

1. Mrs			herek	by apply for
Ms.	SSN			
	0014			
waiver of the examination requirements as provided in the Public	Accountancy Act of 2003, and	d issuance c	f a certif	icate as a Certifie
Public Accountant. I am a Certified Public Accountant of				
nolding Certificate No, issued in good standing and in full force and effect. I hold reciprocal CP/ reciprocal certificates you have received, showing certificate num certificate previously identified, you also have received other cert other States, so indicate and list certificate numbers, dates, and	A certificate(s) issued by the for the nber, date issued and jurisdicti tificates as a result of passing	ollowing juris on. If, in add	dictions lition to tl	(List all CPA he original CPA
I am familiar with the Public Accountancy Act of 2003, Rethe Board and the instructions accompanying this application. As Board rules and regulations, and code of professional ethics.				
	or if I be quilty of non-disclos	ure of mater	ial inform	nation in making t
If any of the answers to the following questions be false application, I hereby disqualify myself ipso facto. If any false state until a Certified Public Accountant's certificate has been issued to deliver it to the Executive Director of the Board upon demand being the control of the Board upon demand the control of the B	ement or material non-disclosu o me, I hereby agree to surren	ure remains der and forfe	undiscov eit the ce	vered by the Boar ertificate and to
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**Note** – If you sat for the CPA Examination for the first time after January 1, 1995, and you do not have four years of public accounting experience since being certified, you are required to order your transcripts from your school(s). Official college or university transcripts must be sent directly to this Board from the school. No copies will be accepted.

Name		SSN	
9. Employment – Set forth a cont from college, giving full names ar needed.	inuous record of AL nd dates. Do not fail	L employments and occupation to give complete present mailing	s of whatsoever description, since graduation ng addresses. Attach additional sheet(s) if
10. What was the date(s) you sat	for the uniform CPA	A examination? Date(s):	
11. Have you ever had a CPA ce	rtificate or other pro	fessional or vocational license	
		r reduce a bond on you or refus	e to issue you a bond?
13. Have you ever resigned or be letter attached.	een discharged from	employment under charges? _	If so, give full particulars in a
<ol> <li>Have you ever been convicte court of competent jurisdiction letter attached.</li> </ol>	d of a felony or mison to have committed	demeanor (other than a minor to I any fraud?	raffic violation) or declared by any If so, give full particulars in a
15. Have you ever been expelled attached.	or disciplined by a	college or university?	If so, give full particulars in a letter
I agree to appear in person, if re for the purpose of aiding the Boa			furnish any additional information requested of me
			nade in the foregoing application, including all by information that might affect this application.
Date:	Signa	uture:	
	Subscribed and	I sworn to before me, a Nota	ary Public for the State of
	on this the	day of	year of
		day of	year or
			Notary Public
			NOTARY SEAL

Please glue or staple a 2"x2" photograph of yourself taken within the last three months, showing your head and shoulders only. Do not write or staple across your facial features.

(CPA-RA-Rev. 07/13)

# ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY PO BOX 300375

MONTGOMERY, AL 36130-0375 (334) 242-5700

1-800-435-9743 www.asbpa.alabama.gov

Attachment to the Application for Certificate by Reciprocity Immigration Compliance Requirements

## **United States Citizen Form**

NAME:	SSN:
	_ I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship:
	Driver's License or Non-driver's Identification (ID) card issued by Alabama (AL) Dept of Public Safety or equivalent governmental agency of another state within US, provided that the governmental agency of another state requires proof of lawful presence in US as condition of issuance
	Birth Certificate indicating birth in US or one of its territories
	Pertinent pages of a valid or expired US Passport identifying the person and person's passport number, or the person's US passport
	US Naturalization documents or number of the certificate of naturalization
	Other documents or methods of proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
	Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
	Consular report of birth abroad of a citizen of the US
	Certificate of citizenship issued by the US Citizenship and Immigration Services
	Certification of report of birth issued by US Dept of State
	An American Indian card, with KIC classification, issued by US Dept of Homeland Security
	Final adoption decree showing person's name and US birthplace
	Official US military record of service showing applicant's place of birth in the US
	Extract from a US hospital record of birth created at the time of the person's birth indicating the place of birth in the US
	AL-verify
	Valid Uniformed Services Privileges and ID Card
	Other form of ID that the AL Dept of Revenue authorizes, through an administrative rule promulgated pursuant to the AL Admin Procedure Act, to be used to demonstrate or confirm a person's US citizenship or lawful presence in US as condition of issuance

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MONTGOMERY, AL 36130-0375 (334) 242-5700

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Attachment to the Application for Certificate by Reciprocity Immigration Compliance Requirements

### **NOT a United States Citizen Form**

NAME:	SSN:				
	_ I am NOT a United States Citizen. I am submitting the attached copy of my document to prove lawful presence:				
	I-327 (Reentry Permit)				
	I-551 (Permanent Resident Card)				
	I-571 (Refugee Travel Document)				
	I-766 (Employment Authorization Card)				
	Certificate of Citizenship				
	Naturalization Certificate				
	Machine Readable Immigrant Visa (with Temporary I-551 Language)				
	Temporary I-551 Stamp (on passport or I-94)				
	I-94 (Arrival/Departure Record)				
	I-94 (Arrival/Departure Record) in Unexpired Foreign Passport				
	Unexpired Foreign Passport				
	I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)				
	DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)				