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.

Please see rule 30-X-4-.03(3) regarding select individuals, formerly known as, "Military Spouse"

2. The applicant is considered a select individual of a spouse of any of the following:
   (i) An active duty, reserve, or transitioning member of the United States Armed Forces, including the National Guard, or a surviving spouse of a service member who, at the time of his or her death, was serving on active duty, who is relocated to and stationed in the State of Alabama under official military orders. For the purposes of this section, a transitioning service member is a member of the United States Armed Forces, including the National Guard, on active-duty status or on separation leave who is within 24 months of retirement.
   (ii) An individual currently employed by the United States Department of Justice or any of its encompassed offices, agencies, institutes, and bureaus, including, but not limited to, the Federal Bureau of Investigation **Supp. 12/31/20 4-6** (FBI), the U.S. Attorney's Office, the Bureau of Alcohol, Tobacco, Firearms, and Explosives (AFT), the Drug Enforcement Administration (DEA), and the United States Marshall Services (USMS), who is relocated to Alabama by order of their employer.
   (iii) An individual currently employed at the National Aeronautics and Space Administration who is relocated to Alabama by order of their employer.
   (iv) An individual currently employed in Alabama as a civil servant for the United States Department of Defense.

If you have any questions, please contact Alise Ellis at 334-242-5706 or at alise.ellis@asbpa.alabama.gov .

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PO Box 300375, Montgomery, AL 36130-0375
(334) 242-5700

Application for Certificate by Reciprocity

1. Mr. / Mrs. / Ms. _____, hereby apply for

SSN _____

waiver of the examination requirements as provided in the Public Accountancy Act of 2003, and issuance of a certificate as a Certified Public Accountant. I am a Certified Public Accountant of _____

holding Certificate No. _____, issued _____, year _____ , which certificate is active, in good standing and in full force and effect. I hold reciprocal CPA certificate(s) issued by the following jurisdictions (List all CPA reciprocal certificates you have received, showing certificate number, date issued and jurisdiction. If, in addition to the original CPA certificate previously identified, you also have received other certificates as a result of passing the Uniform CPA. Examination in other States, so indicate and list certificate numbers, dates, and States.)

_____

I am familiar with the Public Accountancy Act of 2003, Rules and Regulations, the code of professional ethics promulgated by the Board and the instructions accompanying this application. As a condition of this application I pledge full observation of said law, Board rules and regulations, and code of professional ethics.

If any of the answers to the following questions be false, or if I be guilty of non-disclosure of material information in making this application, I hereby disqualify myself ipso facto. If any false statement or material non-disclosure remains undiscovered by the Board until a Certified Public Accountant's certificate has been issued to me, I hereby agree to surrender and forfeit the certificate and to deliver it to the Executive Director of the Board upon demand being made therefor. **$120 non-refundable reciprocal fee.**

1. Full name _____

2. Residence address _____
(Number and Street) (City) (State) (Zip) (Phone No.)

3. Date of birth _____ Place of birth _____

4. Email address _____

5. ☐ US Citizen--Complete and attach the "United States Citizen Form"
☐ Not a US Citizen--Complete and attach the "Not a United States Citizen Form"

6. Present employer _____ Title _____

7. Business address _____
(Number and Street) (City) (State) (Zip) (Phone No.)

8. Education – List all colleges or universities attended and dates of attendance; also give titles and dates of degrees received and major field of study.!

_____
_____
_____
_____

*Please see the Reciprocity Instructions for the definition of a Select Individual.

Name _____ SSN _____

9. Employment – Set forth a continuous record of ALL employments and occupations of whatsoever description, since graduation from college, giving full names and dates. Do not fail to give complete present mailing addresses. Attach additional sheet(s) if needed.

_____
_____
_____
_____
_____
_____
_____
_____

10. What are the dates you sat for the uniform CPA examination? Date(s):_____

Place _____ Results _____

11. Has any State or foreign country taken any type of disciplinary action against you or your CPA certificate or other professional/vocational license? _____ If so, give full particulars in a letter attached.

12. Have you ever had a bonding company cancel or reduce a bond on you or refuse to issue you a bond? _____
If so, what company? _____

13. Have you ever resigned or been discharged from employment under charges? _____ If so, give full particulars in a letter attached.

14. Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or declared by any court of competent jurisdiction to have committed any fraud? _____ If so, give full particulars in a letter attached.

15. Have you ever been expelled or disciplined by a college or university? _____ If so, give full particulars in a letter attached.

I agree to appear in person, if requested, at a time and place fixed by the Board or furnish any additional information requested of me, for the purpose of aiding the Board in determining my qualifications.

I certify under penalty of perjury that all statements, answers and representations made in the foregoing application, including all supplementary statements, are true and accurate and that I have not suppressed any information that might affect this application.

Date: _____ Signature: _____

Subscribed and sworn to before me, a Notary Public for the State of _____

on this the _____ day of _____ year of _____.

_____
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.

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PO BOX 300375
MONTGOMERY, AL 36130-0375
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1-800-435-9743
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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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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)