VOLUNTARY SURRENDER OF CPA or PA CERTIFICATE

Alabama State Board of Public Accountancy
PO Box 300375
Montgomery AL 36130-0375
334-242-5700 www.asbpa.alabama.gov

I am voluntarily surrendering my Alabama CPA or PA certificate and returning it to the Alabama State Board of Public Accountancy.

Please Print Legibly

Cert #: _____

Name: _____
First Middle Last

Address: _____

_____
City State Zip Code

Phone: _____ Email: _____

Alabama Administrative Code 30-X-7-.13, Return of Certificate, Registration or Permit to Practice, states: *"Any licensee who holds a certificate, registration, or permit issued by the Board shall, upon **surrender**, suspension or revocation, promptly return such certificate, registration, or permit to the Board."*

I am including my CPA/ PA Certificate:

Yes ____ No ____ If No, explain why not: _____

_____

Reason for surrender: _____

_____

_____

- By answering *No* above, I hereby certify that I have conducted a diligent search for my CPA/PA certificate and if it is ever located, I will return it to the Alabama State Board of Public Accountancy immediately.
- I hereby certify that I am not currently under investigation or have not been convicted, regardless of adjudication, for any reason. Further, I am not currently under investigation or being disciplined for violations of the accountancy practice acts in Alabama or any other jurisdiction. I agree that I will not violate Sections 34 & 40, Code of Alabama 1975, and Chapter 30 of the Alabama Administrative Code. Additionally, I will not use or assume the title of certified public accountant or public accountant from this day forward.
- I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. I certify under penalty of perjury that all representations made on this form are true and accurate.

_____ _____

Signature **Date**

Board Use Only:

Surrender Date: _____

Approval Date: _____