NH Board of Accountancy
78 Regional Drive
Building Two
Concord NH 03301

(P) 603-271-3286 (F) 603-271-8702
TDD Access: Relay NH 1-800-735-2964
E-mail: boa@nh.gov

NEW HAMPSHIRE BOARD OF ACCOUNTANCY
RECOMMENDATION FORM FOR APPLICATION FOR CERTIFICATION
BY EXAMINATION AND BY RECIPROCITY

To Be Completed by Applicant

Name: _____ Date: _____

Street: _____

Apt No., Floor, Flat etc: _____

Town/City: _____ State: _____

Province: _____ Country: _____ Zip/City Code: _____

Is this your mailing address? ○ Work Address? ○ Home Address? ○

Application is being filed for: Original Certification ○ Reciprocity ○

To Be Completed by Person Writing the Reference Letter

Name: _____

Address: _____

_____

Relation: ○ Friend ○ Co-Worker ○ Other *(Employers not eligible)*

The following written explanation must contain, number of year's known and description of the above individuals' character.

_____

_____ _____

Signature Date

(This form or the attachment must be signed by the individual writing the recommendation)