NH Board of Accountancy
78 Regional Drive, Bldg. 2
Concord, NH 03301
(P) (603) 271-3286 (F) (603) 271-8702
TDD Access: Relay NH: 1-800-735-2964

EMAIL: BOA@NH.GOV

Print Form

BOA-11

INACTIVE STATUS

(1)

First Name

Middle Name

Last Name

Certificate Number

(2) Mailing Address

Street

City

Province

State

Country

Zip

Mailing Code

Telephone Number

Email Address

(3) Residential Address

Street

City

Province

State

Country

Zip

Mailing Code

Telephone Number

Email Address

I, _____ will not practice public accounting during the next 3 years; and

I, _____ will not hold myself out as a currently practicing CPA or PA nor will I knowingly allow anyone else to do so; and

I, _____ will notify the board at least 30 days prior to the proposed date of re-entry into practice; and

I, _____ will satisfy all CPE requirements that would have been applicable had I remained active in practice, up to a maximum of 120 hours, should I re-enter into practice; and

I, _____ Date: _____

attest that the information contained in this application (form NHBOA-11) is true and correct to the best of my knowledge and belief.

Fee of $75.00

☐ Check enclosed Check Number _____

☐ Paid by credit card

☐ Cash Enclosed

Upon receipt of this information and fee, the Board will review the information and will send written acknowledgement upon the approval of your inactive status. If in the event it is denied or additional information is required, you will be contacted.

Signature: _____

Date: _____

This form may be filled out online, but must be printed for an original signature.