NEW HAMPSHIRE BOARD OF ACCOUNTANCY
NH JOINT BOARD
57 REGIONAL DRIVE
CONCORD, NH 03301
(P) 271-2219
(F) 271-6990

Print Form

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

This form is essential to your application. In order for your application to be accepted by the Board, you must have the information contained on this form verified by the Board of Accountancy in the state where you took the Uniform CPA Examination and if applicable, you also need the said state to verify your licensure information. Please complete the section directly below and then forward the form to the Board of Accountancy where examination credits and licensure/certification were first established. Please contact the other Board before forwarding this form to them to determine if there is a fee for this service. All fees must be paid by the applicant.

TO BE COMPLETED BY APPLICANT

THIS FORM MUST BE SENT DIRECTLY BY THE STATE BOARD RELEASING GRADES TO THE NH BOARD OF ACCOUNTANCY

Mr. ☐ Mrs. ☐ Ms. ☐

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ (Month/Day/Year)

Current Mailing Address _____

Town/City _____ State _____

CPA Certificate Number (If Applicable) _____ Social Security Number _____ (No dashes)

Phone Number _____ (During business hours)

Email Address _____ We do not share your e-mail address

I hereby request and authorize the _____ Board of Accountancy to provide all information requested by this form to the New Hampshire Board of Accountancy to complete an application I will be filing with that Board.

Applicant's Signature _____

Date _____

REVISED DATE : JULY 21, 2011

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

TO BE COMPLETED BY LICENSING AGENCY ONLY

SECTION A: EXAMINATION GRADES

Please list all grades including failing grades on all sittings:

Date	ID #	Audit	BEC LAW LPR	FAR FARE (THEORY)	REG ARE (PRACTICE)

1) Was the applicant ever denied admission to the CPA Examination? YES ☐ NO ☐
(If Yes, please explain in Section C.)

2) If the Applicant has not completed the AICPA examination, are there any restrictions preventing him/her from sitting in your state? YES ☐ NO ☐
(If Yes, please complete Section C.)

3) Does the applicant hold a CPA Certificate in your state? YES ☐ NO ☐
(If Yes, please complete Section B.)

SECTION B: CERTIFICATE AND LICENSE/PERMIT STATUS

1) Does the applicant hold an original CPA Certificate of which is in good standing? (If "NO", please explain in # 4) YES ☐ NO ☐

2) Has the applicant ever been authorized to practice public accounting in your state? YES ☐ NO ☐

3) Expiration date of applicant's current license/permit to practice _____

Certificate or License Number: _____

Date Issued: _____

REVISED DATE : JULY 21, 2011

4) If the applicant does not hold a current license/permit to practice, please briefly describe the requirements to be met for issuance or reinstatement of the license/permit.

SECTION C: ANY EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION:

STATE BOARD SUPPLYING INFORMATION

SIGNATURE OF AUTHORIZED PERSON

TITLE OF PERSON SIGNING

DATE

BOARD SEAL
(Please make seal legible)

REVISED DATE : 7/21/11