



**Government of the District of Columbia
Accountancy License Application
Request for Verification of State Licensure**

Name of Applicant _____

Social Security Number _____

License Number _____

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Accountancy of the District of Columbia for a license to practice. The applicant claims to be currently licensed to practice accountancy in your state and claims the above license number. This request is being forwarded to you to verify that the applicant is currently licensed and in good standing to practice accountancy in your state.

Each applicant for a Accountancy license by endorsement in the District of Columbia is required by statute to submit proof that the jurisdiction where the applicant is licensed will currently grant licenses to licensees from the District of Columbia without further examination. If your licensing board requires a reciprocity candidate from the District of Columbia to take any type of examination (written, oral, or practical) or any type of interview, your requirements should be specified in the "Remarks" section on Page 2 of this certification form.

Please complete and return this form to:

Pearson VUE
Dept. DC-AC
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.

Pearson VUE
on behalf of the District of Columbia Board of Accountancy

Verification of State Licensure in Accountancy

This document certifies that _____ (name of applicant), _____ (social security number) is the holder of a license in good standing to practice accountancy in the state of _____.

License Number _____ was issued on _____ (date of issuance).

Is the license current? Yes No

Please provide the expiration date: _____

Issue basis: Examination Endorsement Reciprocity Waiver

Applicant was examined after submitting a diploma conferring the degree of _____ (type of degree) from _____ (name of education institution).

Has license ever been surrendered, suspended, or revoked? Yes No

If yes, has it been reinstated? Yes No

Does your state grant licenses in accountancy to licensees from the District of Columbia without further examination? Yes No

The above reference individual's grades as assigned by the Board of Examiners of the American Institute of Certified Public Accountants and AICPA examination identification numbers were as follows:

AICPA ID Number	Date(s) of Exam	Auditing	Law	Theory	Practice
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Remarks: _____

On behalf of the State of _____ Board of Accountancy, I certify that the above statements are correct.

Signature of Authorized Official

Date

Name and Title of Authorized Official (please print or type)

SEAL