

# NOTICE

This application for licensure as a **Certified Public Accountant** in the District of Columbia is provided to you in a *new interactive format*. Please note carefully the following instructions for completing your application form:

- This application form **can** be filled out on-line, but the form **cannot** be submitted electronically.
- You must print out the completed, partially completed (you must complete it manually), or blank form (you must complete it manually), and include this form with the other items listed on the instructions chart in your instructions section.

**RECAP:** Fill in your information on-line, print the application form, and sign the form. Have the application form notarized and mail it to Promissor at the listed address, with the rest of the required documentation and the correct fee.

Should you encounter any problems with completing the form on-line, we welcome your questions and feedback. Please call our Customer Service line: 1-877-672-2173.

**\*\*\* WE ENCOURAGE YOU TO CALL OUR CUSTOMER SERVICE LINE 877-672-2173 WITH POSITIVE OR NEGATIVE COMMENTS ON USING THIS ONLINE FEATURE. \*\*\***

Please note that the District of Columbia Board of Accountancy reviews each application package and makes final determination on an applicant's eligibility for licensure or to take examination.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**DC AC LIC02**



**Board of Accountancy**

**NEW LICENSE APPLICATION**

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at **1-877-672-2173** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

**SECTION 1. REQUESTED LICENSE TYPE/FEEES (includes non-refundable application fee – see instructions)**

<p>Method (Origin) of Application: (Check only one)</p> <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>(E) <input type="checkbox"/></td> <td>Examination</td> </tr> <tr> <td>(R) <input type="checkbox"/></td> <td>Re- Examination</td> </tr> <tr> <td>(N) <input type="checkbox"/></td> <td>Endorsement</td> </tr> <tr> <td>(E) <input type="checkbox"/></td> <td>CPN Certificate Holder</td> </tr> <tr> <td>(O) <input type="checkbox"/></td> <td>Other</td> </tr> </table>	<b>Code</b>	<b>Description</b>	(E) <input type="checkbox"/>	Examination	(R) <input type="checkbox"/>	Re- Examination	(N) <input type="checkbox"/>	Endorsement	(E) <input type="checkbox"/>	CPN Certificate Holder	(O) <input type="checkbox"/>	Other	<p>(See page 4 of Instructions for License Type and Fee Listing to complete below.)</p> <p>Requested License Type:</p> <table border="0" style="width:100%;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">Code</td> <td style="width:40%; border-bottom: 1px solid black;">Description</td> <td style="width:20%; text-align: right;">\$ _____.00</td> </tr> </table> <p>Requested Specialty:</p> <table border="0" style="width:100%;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">N/A</td> <td style="width:40%; border-bottom: 1px solid black;">Not Applicable</td> <td style="width:20%;"></td> </tr> <tr> <td style="font-size: small;">Code</td> <td style="font-size: small;">Description</td> <td></td> </tr> </table> <p><input type="checkbox"/> Duplicate Licenses _____ X \$30.00 = \$ _____.00</p>	Code	Description	\$ _____.00	N/A	Not Applicable		Code	Description	
<b>Code</b>	<b>Description</b>																					
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<p>Make check or money order payable to <b>Pearson VUE</b> and mail to:</p> <p>PEARSON VUE Department DC – AC Metro-Plex I, Suite 250 8401 Corporate Drive Landover, MD 20785</p>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="3">PEARSON VUE ONLY</th> </tr> <tr> <th style="width:33%;">Check \$</th> <th style="width:33%;">Ck #</th> <th style="width:33%;">Clerk</th> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">\$ _____.00</td> <td></td> <td></td> </tr> </table>	PEARSON VUE ONLY			Check \$	Ck #	Clerk	\$ _____.00														
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Check \$	Ck #	Clerk																				
\$ _____.00																						
		<p>Total Enclosed \$ _____.00</p> <p><b><u>Are you requesting Special Accommodations?</u></b> If yes, see Section 9. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>																				

**SECTION 2. APPLICANT OR COMPANY NAME/DEMOGRAPHIC INFORMATION**

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)																
SOCIAL SECURITY NUMBER* / FEIN		<table border="0" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>—</td><td>—</td><td>—</td><td>—</td><td>—</td><td>—</td><td>—</td><td>—</td> </tr> </table> DATE OF BIRTH		M	M	D	D	Y	Y	Y	Y	—	—	—	—	—	—	—	—
M	M	D	D	Y	Y	Y	Y												
—	—	—	—	—	—	—	—												
PLACE OF BIRTH <small>Provide City and State for US birthplace or Country for foreign place of birth.</small>		<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER <small>Please check the correct box.</small>																	

\* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

**NOTICE OF NON-DISCRIMINATION**

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code §2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business or Victim of an Intra-Family Offense (domestic violence). Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

**NOTICE OF MAKING FALSE STATEMENTS**

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

**NOTICE OF FRAUD, CORRUPTION AND WASTE**

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**NEW LICENSE APPLICATION**

**SECTION 3. PREVIOUS NAMES**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by:  Marriage  Divorce  Court Order

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

**SECTION 4A. HOME ADDRESS**

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

HOME PHONE NUMBER HOME FAX NUMBER

**SECTION 4B. BUSINESS ADDRESS**

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

\_\_\_\_\_  
COMPANY NAME

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

**SECTION 4C. PREFERRED MAILING ADDRESS**

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME  BUSINESS



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.**

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through J below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

**PEARSON  
VUE  
ONLY**

1. I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
2. Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been licensed in DC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been licensed in any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
7. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
9. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
10. Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

**SECTION 7. APPLICANT AFFIDAVIT**

*I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.*

_____	_____	_____	<b>PEARSON VUE ONLY</b>
APPLICANT SIGNATURE	NAME (Please Print)	DATE	
<input type="checkbox"/>			

*Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the affiant, who personally appeared before me.*  
(Month) (Year)

_____	_____	_____	<b>PEARSON VUE ONLY</b>
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	(SEAL)	
<input type="checkbox"/>			

**SECTION 8. SPONSOR'S AFFIDAVIT**

_____	_____	_____	<b>PEARSON VUE ONLY</b>
SPONSOR'S SIGNATURE	NAME (Please Print)	DATE	
<input type="checkbox"/>			
_____ SPONSOR'S LICENSE PREFIX AND NUMBER			

**PEARSON VUE ONLY**

Board approval date (mm/dd/yyyy): \_\_\_\_\_

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**NEW LICENSE APPLICATION**

**SECTION 9. SUPPORTING DOCUMENTS REQUIRED / APPLICANT CHECKLIST**

Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records.

**PEARSON  
VUE  
ONLY**

A. If applying for CPN or CPA license: Submit a copy of a government issued photo ID, such as a driver's license.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. If applying for CPN or CPA license: Submit two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. If Applicants name has changed since attending a college or university: Submit copies of legal documentation supporting all name changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. If applying by Exam or Endorsement: Submit official, certified transcript (with seal) showing a baccalaureate degree with an accounting concentration from the applicant's college or university. Must be sent directly from the school.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. If CPN or CPA applicant holds baccalaureate degree(s) in field(s) other than accounting and is applying by Exam: Submit official, certified transcript (with seal) must be sent directly from the college or university.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. If applying for CPA: MUST have earned at least 150 credits hours of undergraduate and graduate education.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. If applying for CPA but have earned less than 150 credit hours but have at least 120 credit hours: MUST apply by CPN. Your classification will remain CPN until you have met the education requirements for licensure (150 credit hours), experience requirements for licensure (one year experience/at least 2,000 hours) and have passed all 4 parts of the CPA examination.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. If CPN or CPA applicant was educated outside of the United States: Submit Credential Evaluation of his/her certified transcript(s).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. If applying by Exam or Re-exam: Submit completed Exam Scheduling Form (with one photo attached)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. If CPA applying by Exam: Submit completed Certificate of Experience Form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
K. If applying for Corporation or Partnership license: Submit completed Application for Licensure as a CPA Corporation/Partnership	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
L. If applying by Endorsement: Submit completed Verification of Licensure Form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
M. If the applicant is applying for a Corporation in DC: Submit a Letter of Good Standing.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
N. If the applicant is applying for a Corporation in DC: Submit a Certificate of Authority from the Corporation Division.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
O. If requesting special accommodation(s): MUST submit supporting documents, such as official documentation from your doctor.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
P. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
Q. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
R. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
S. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**NEW LICENSE APPLICATION**

**PEARSON VUE ONLY – EXAM RESULTS**

EXAM #1	EXAM #2
Exam Name/ID: <input style="width: 100%;" type="text"/>	Exam Name/ID: <input style="width: 100%;" type="text"/>
Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>	Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input style="width: 100%;" type="text"/>	Exam Part/ID: <input style="width: 100%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>EXAM #3</b>	<b>EXAM #4</b>
Exam Name/ID: <input style="width: 100%;" type="text"/>	Exam Name/ID: <input style="width: 100%;" type="text"/>
Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>	Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
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Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>EXAM #5</b>	<b>EXAM #6</b>
Exam Name/ID: <input style="width: 100%;" type="text"/>	Exam Name/ID: <input style="width: 100%;" type="text"/>
Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>	Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
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