



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION

CERTIFIED PUBLIC ACCOUNTANT
EXAMINATION SCHEDULING FORM

All sections must be completed. Please Type or Print Legibly.

SECTION 1

PLEASE SELECT THE EXAM THAT YOU ARE APPLYING FOR:

1. [] FIRST TIME CANDIDATES (have never taken any section of the Uniform CPA Examination)
2. [] RE-EXAM CANDIDATES (have taken at least one section of the Uniform CPA Examination for your jurisdiction.)
APPLICATION DATE

SECTION 2 MOTHER'S MAIDEN NAME IS MANDATORY - You will NOT be scheduled if this field is blank.

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM-DD-YYYY)
FIRST NAME MI LAST NAME SUFFIX (JR, SR, ETC.)
PREVIOUS / MAIDEN NAME
MOTHER'S MAIDEN NAME (MOTHER'S MAIDEN NAME IS MANDATORY - You will NOT be scheduled if this field is left blank).

SECTION 3

HOME ADDRESS
[] APARTMENT [] FLOOR [] PO BOX NUMBER
CITY
STATE ZIP CODE + 4 HOME PHONE NUMBER
BUSINESS ADDRESS
[] APARTMENT [] SUITE [] FLOOR [] PO BOX NUMBER
CITY
STATE ZIP CODE + 4 BUSINESS PHONE NUMBER

SECTION 4

SCHOOL NAME
DEGREE (AS, BS, MS, PH.D, etc.) DEGREE DATE (MM-DD-YYYY)
SCHOOL NAME
DEGREE (AS, BS, MS, PH.D, etc.) DEGREE DATE (MM-DD-YYYY)

SECTION 5

PLEASE SELECT EXAM SECTIONS INCLUDED ON THIS ATT.
[] AUD- AUDITING AND ATTESTATION
[] BEC - BUSINESS ENVIRONMENT AND CONCEPTS
[] FAR - FINANCIAL ACCOUNTING AND REPORTING
[] REG - REGULATION