



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

Name of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_

License Number \_\_\_\_\_

Dear Sir/Madam:

CPA 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 applying for a CPA licensure by Reciprocity 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: \_\_\_\_\_

\_\_\_\_\_

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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