

CPA LICENSE APPLICATION



Office of the Secretary of the State
 Connecticut State Board of Accountancy
 Form SBA-5 (Rev. 3/16)

For Board use only!

Check No. _____

Transaction Date _____

Amount Received _____

CC No. _____

GENERAL INSTRUCTIONS

Use this form only if you are the holder of a Connecticut CPA Certificate and wish to obtain an individual CPA License in order to be authorized unlimited use of the title Certified Public Accountant & the initials CPA. The License is also required for all owners of a CPA Firm who work in Connecticut. The CPA License is valid for the remainder of the calendar year in which it is granted (Jan. 1 - Dec. 31). Please type or print all requested information. Mail completed forms to State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477 accompanied by a payment of **\$150.00** for an initial application or a payment of **\$565.00** for a reinstatement, or payment of \$565.00 and a late payment fee as per fee schedule listed on our website under forms and fees Sec.20-281a.(3) for the Reinstatement Late Renewal. You may pay the fee by using a check made payable to the Treasurer State of Connecticut **or by credit** using the Credit Card Payment Sheet which can be found on our website, under Forms. Send the credit card payment sheet to the address listed on the sheet. **Please note: all payments are processed immediately; however, an application will not be approved until all materials are received and reviewed. Please allow 6 to 8 weeks for final approval and processing.**

Please Note: The CPA License is valid only for the calendar year in which it is granted (Jan. 1 - Dec. 31). You will be required to renew the license yearly.

Initial Application:

If you are the holder of a Connecticut CPA Certificate and wish to obtain an individual CPA License in order to be authorized unlimited use of the title Certified Public Accountant & the initials CPA. The License is also required for all owners of a CPA Firm who work in Connecticut.

Reinstatement Late Renewal: If you are submitting an application on or after the renewal cycle has concluded (12/31). A license may qualify for late renewal, if the licensee has practiced or used the professional designation of public accountancy while the license was inactive. *Applicant must submit a sworn affidavit attesting to the type of public accounting services and use of the designation while the license was inactive.* If you were licensed in the last calendar year AND needed to be renewed and licensed effective JANUARY 1st go to our website for additional information on late renewal & fees (sec20-281a(3)). You must submit 40 hours of continuing education from the prior fiscal year July 1 thru June 30.

Reinstatement: If you are submitting an application on or after the renewal cycle has concluded (12/31). A license may qualify for reinstatement, if the licensee has not practiced public accountancy and has not used the professional designation while the license was inactive. *Applicant must submit a sworn affidavit attesting whether or not the applicant has provided public accounting services or used the professional designation while the applicant's license was inactive status. You must submit 40 hours of continuing education completed 1 year prior to application date.*

1. Check the appropriate box indicating the type of application, Reinstatement and Reinstatement late renewal applicants must report completion of continuing education on the reverse side of this form.
2. Provide your name and complete address with your home, work phone numbers and email address.
3. Provide the number of your Connecticut CPA Certificate & your CPA License number if you are applying for reinstatement.
4. Provide the other jurisdictions in which you have applied for or hold a CPA Certificate or License - check all blocks that apply.

**Personal Data collected is regulated by section 3-77-24 of the Secretary of State Regulations*

** The board may provide "an encrypted number" belonging to NASBA, provided that the numbers are solely used by NASBA for inclusion in a national data base of licensees, the numbers are submitted in an encrypted format or through such alternative means as will assure the confidentiality of the numbers, and NASBA maintains the confidentiality of the numbers and agrees not to disseminate the numbers, and NASBA maintains the confidentiality of the numbers and agrees not to disseminate the numbers to any other person or entity. It is mandatory that date of birth and last four social security's are submitted as required by 42 U.S.C.A. §666(a)(13)*

1. Application type (check the appropriate block)

- Initial Application
 Reinstatement Application (complete reverse side of form to enter cpe)
 Reinstatement Late renewal (complete reverse side of form to enter cpe)

2. Enter Name and Address

First	Middle	Last
Address 1 (If using business address please state business name)		
Address 2		
City	State	Zip Code

Disclosure of last four SS# and date of birth is mandatory as required by 42 U.S.C.A. §666(a)(13)

Date of Birth ____/____/____ Last Four Numbers of SS# ____-____-____-____
 mm dd yyyy/

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Email Address: _____

3. CPA Certificate number & License number

Connecticut CPA Certificate number _____

Connecticut CPA License number _____

4. Other jurisdictions in which you have applied for or hold a CPA Certificate or Licenses (check all blocks which apply)

- | | | | |
|-------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New York | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Maine | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Washington |
| <input type="checkbox"/> California | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Dakota | <input type="checkbox"/> W. Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Michigan | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wash. DC |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Guam |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Missouri | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Montana | <input type="checkbox"/> South Carolina | <input type="checkbox"/> US Virgin Islands |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Canada |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Nevada | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Texas | <input type="checkbox"/> Other Countries |

5. Sign & Date

 Applicant

 Date

I declare under penalty of perjury, under the laws of the State of Connecticut, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

CPA LICENSE APPLICATION
 Continuing Education Reporting
(For License Reinstatement Applicants Only!)

Please complete this form in its entirety.

If additional space is needed you may photocopy this page in order to provide all of the required information.

Applicants for reinstatement must report completion of forty (40) hours of continuing education gathered in the year immediately preceding the submission of this form. A reinstatement applicant **who has not held an active license within five years** of the application is required to gather thirty-two (32) hours of continuing education out of the forty (40) hours in Accounting and Auditing subject area. Applications applying for late renewal may be assessed a penalty for courses, taken after June 30th, see website fee schedule for details.

If you are filling this form out as a late renewal when was the last completion date of your Ethics credits _____

Program Sponsor	Program Location	Program Title or Description	Date(s) Attended *entire date required (mm/dd/yy)	Program type (see codes below)	CE Hours
TOTAL					

This space for Board use only!
 Lic. No. _____
 Date Approved _____

Please use the following codes to complete the Program Type Column
 I = Instructor at a CE course or program (maximum of 20 CE hrs per year)
 P = Participant or attendee at a CE course, seminar or program
 S = Self Study Course (unlimited)
 A = Author credit is being claimed (maximum of 10 CE hrs per year)
 E = Ethics course credit being claimed