

2012 Connecticut CPA License Renewal Form

Complete the front and back of this form and return with a check for the license fee in the amount of **\$565.00** made payable to: **Treasurer, State of Connecticut no later than December 31, 2011** to renew your license for 2011 (2011 License expires 12/31/2011) ***Important:** Please provide your name and address with any changes or corrections and your license number. Do not submit a blank document as this will delay the processing of your document.

For Board use only!

Check No. _____

Transaction Date _____

Amount Received _____

ID No. _____

*Name and Address:

*License Number: _____

(CHECK ONLY ONE)

Renew my CPA License for 2012.

I choose not to renew my CPA license and I am returning this form to update the Board's records.

I choose not to renew my CPA license and would like to apply for Registration of my CPA Certificate for 2012, and have enclosed payment, by check only, to the Treasurer, State of Connecticut in the amount of **\$40.00**. (**Caution:** the Registration of a Certificate provides for **only** limited use of the title Certified Public Accountant and the initials CPA.)

PROVIDE THE OTHER JURISDICTIONS IN WHICH YOU HAVE APPLIED FOR OR HOLD A CPA CERTIFICATE OR CPA LICENSE, CHECK ALL THAT APPLY.

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

Please provide your daytime phone number: (____) _____ - _____ E Mail Address: _____

I hereby certify that the information on this form is correct and the statements made herein are true and complete and that since my last renewal I have not been convicted by any court of a crime. (Any exceptions to this statement must be described in an attached statement to the Board.)

Renewal Applicant's Signature

Date

Mail Completed Applications with payment (check only) to: Connecticut State Board of Accountancy

Payment Center
PO Box 150477
Hartford CT 06115-0477

Please do not FAX - Mail Only!
(Faxed documents will not be processed!)

For inquiries or questions: email our office at sboa@ct.gov

