

STATE OF KANSAS  
BOARD OF ACCOUNTANCY  
900 SW JACKSON, SUITE 556S  
TOPEKA, KS 66612-1239  
(785/296-2162)

APPLICATION FOR INITIAL PERMIT TO PRACTICE AS A CPA IN KANSAS

**ALL QUESTIONS MUST BE ANSWERED BEFORE APPLICATION WILL BE CONSIDERED. APPLICATION MUST INCLUDE COMPLETED CERTIFICATE OF EXPERIENCE FORM. FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED.**

NAME TO BE LISTED IN OUR RECORDS: \_\_\_\_\_ KS CPA CERTIFICATE NO.: \_\_\_\_\_  
(IF LAST NAME DIFFERENT WHEN CERTIFIED, ATTACH LEGAL DOCUMENTATION.)

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
ISSUED BY: EXAM  RECIPROcity

*PURSUANT TO 5 U.S.C. 552a, THE KANSAS BOARD OF ACCOUNTANCY ADVISES YOU THAT SOCIAL SECURITY NUMBERS PROVIDED TO THE BOARD, PURSUANT TO K.S.A. 74-148 AND 74-139, MAY BE PROVIDED TO THE KANSAS DEPARTMENT OF REVENUE, UPON REQUEST, OR MAY BE USED FOR CHILD SUPPORT ENFORCEMENT PURPOSES.*

CURRENT EMPLOYER: \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESSES: BUSINESS: \_\_\_\_\_ (STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)

RESIDENCE: \_\_\_\_\_ (STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)

PREFERRED MAILING ADDRESS: BUSINESS  RESIDENCE   
BUSINESS  PERSONAL

TELEPHONES: BUSINESS: \_\_\_\_\_ FAX: \_\_\_\_\_ RESIDENCE: \_\_\_\_\_

- 1. I AM APPLYING FOR A PERMIT CLAIMING NON-ATTEST EXPERIENCE ONLY: YES
- 2. I AM APPLYING FOR A PERMIT CLAIMING ATTEST AND NON-ATTEST EXPERIENCE: YES   
(SEE DEFINITIONS ON CERTIFICATE OF EXPERIENCE INSTRUCTION SHEET)
- 3. I AM APPLYING FOR A PERMIT CLAIMING ATTEST EXPERIENCE ONLY: YES

**NOTE: IF YOU ARE OR WILL BE SUPERVISING ATTEST SERVICES, SIGNING OR AUTHORIZING PERSONS TO SIGN A REPORT ON ANY AUDIT, REVIEW, OR EXAMINATION OF PROSPECTIVE FINANCIAL INFORMATION ON BEHALF OF A FIRM, YOU ARE REQUIRED TO MEET THE REQUIREMENTS SET FORTH IN THE STATEMENT OF QUALITY CONTROL STANDARDS: THE PERSONNEL MANAGEMENT ELEMENT OF A FIRM'S SYSTEMS OF QUALITY CONTROL-COMPETENCIES REQUIRED BY A PRACTITIONER-IN-CHARGE OF AN ATTEST ENGAGEMENT. INTERNSHIPS MAY NOT BE USED TOWARD THE EXPERIENCE REQUIREMENT.**

- 4. IF YOU ARE NOT EMPLOYED BY A PUBLIC ACCOUNTING FIRM, ARE YOU PRESENTLY PROVIDING SERVICES AS A CPA FOR KANSAS CLIENTS? YES  NO
- 5. ARE YOU A U.S. CITIZEN? YES  NO   
(IF NOT, ATTACH A RECENT PHOTOGRAPH OR OTHER DOCUMENTATION THAT SUFFICIENTLY IDENTIFIES YOU ALONG WITH A COPY OF YOU ALIEN REGISTRATION.)
- 6. HAVE YOU EVER HAD A CPA CERTIFICATE CANCELED, REVOKED, SUSPENDED, REFUSED TO BE RENEWED, OR VOLUNTARILY SURRENDERED? (If yes, attach full explanation.) YES  NO
- 7. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME, OF WHICH AN ESSENTIAL ELEMENT WAS DISHONESTY, DECEIT OR FRAUD, UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES? YES  NO   
(If yes, attach full explanation.)

8. HAVE YOU EVER HAD THE RIGHT TO PRACTICE BEFORE THE UNITED STATES TREASURY DEPARTMENT OR ANY OTHER GOVERNMENTAL BODY OR AGENCY CANCELED? (If yes, attach full explanation.) YES  NO

9. WITHIN THE LAST SEVEN YEARS, HAVE YOU HAD ANY TAX LIENS OR TAX WARRANTS ISSUED AGAINST YOU OR FOR ANY ENTITY FOR WHICH YOU ARE RESPONSIBLE? YES  NO

10. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELINQUENT IN FILING YOUR TAX RETURNS? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) YES  NO

11. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELINQUENT IN FILING TAX RETURNS AND/OR PAYING TAXES COLLECTED ON BEHALF OF OTHERS FOR WHICH YOU WERE RESPONSIBLE? (I.E., WITHHOLDING TAXES, SALES TAX, USE TAX, ETC. NOTE: ENTERING INTO A PAYMENT PLAN DOES NOT MEAN YOU ARE CURRENT.) (IF YES, PLEASE ATTACH A FULL EXPLANATION.) YES  NO

12. ARE YOU FAMILIAR WITH THE CODE OF PROFESSIONAL CONDUCT OF THE KANSAS BOARD OF ACCOUNTANCY UNDER WHICH YOU ARE EXPECTED TO ABIDE AND DO YOU AGREE THAT YOU WILL COMPLY WITH THE CODE? YES  NO

13. DO YOU UNDERSTAND AND AGREE THAT YOU ARE REQUIRED TO OBTAIN A SPECIFIC AMOUNT OF CONTINUING PROFESSIONAL EDUCATION IN ORDER TO RENEW YOUR PERMIT TO PRACTICE AS A CPA IN KANSAS? (INDICATION OF THE AMOUNT OF CPE TO BE OBTAINED WILL BE ATTACHED TO YOUR PERMIT CARD.) YES  NO

14. PROVIDE THE FOLLOWING DATA FOR EACH CPA THAT CAN VERIFY QUALIFYING EXPERIENCE FOR YOU, AND SEND THEM ONE OF OUR EXPERIENCE VERIFICATION FORMS ATTACHED. INTERNSHIPS MAY NOT BE USED TOWARD THE EXPERIENCE REQUIREMENT. (You are not required to provide 3 different sources of experience, we have merely provided space for that amount, if necessary. These forms may be reproduced if necessary.)

Firm/business name: \_\_\_\_\_  
Firm/business mailing address: \_\_\_\_\_  
Name/title of permit-holding CPA verifying experience: \_\_\_\_\_  
Verifier's mailing address if different from above: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Part-time **hours** worked \_\_\_\_\_ Full-time **months** worked \_\_\_\_\_

Firm/business name: \_\_\_\_\_  
Firm/business mailing address: \_\_\_\_\_  
Name/title of permit-holding CPA verifying experience: \_\_\_\_\_  
Verifier's mailing address if different from above: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Part-time **hours** worked \_\_\_\_\_ Full-time **months** worked \_\_\_\_\_

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Firm/business mailing address: \_\_\_\_\_  
Name/title of permit-holding CPA verifying experience: \_\_\_\_\_  
Verifier's mailing address if different from above: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Part-time **hours** worked \_\_\_\_\_ Full-time **months** worked \_\_\_\_\_

15. PERMIT FEE: (non-refundable)

(CPA certificates ending in odd-numbers are licensed in odd-numbered year biennials; CPA certificates ending in even-numbers are licensed in even-numbered year biennials. Biennial periods begin on July 1. The permit fee for those applying for more than one year remaining in the appropriate biennial period pay \$165; those applying for one year or less remaining in the appropriate biennial only pay \$82.50. PURSUANT TO K.S.A 1-206(a) AND (b), IF YOUR APPLICATION IS DENIED, YOU MAY BE SUBJECT TO REIMBURSEMENT OF COSTS TO THE BOARD. NOTE: NO FEE FOR MILITARY SPOUSES.

FORM OF PAYMENT: CHECK  CREDIT CARD

Credit Card: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>	CREDIT CARD # _____
	EXP. DATE (MO/YR) _____
CARDHOLDER'S SIGNATURE _____	SECURITY CODE _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

Date application signed \_\_\_\_\_

Signature of CPA applying for permit to practice (PLEASE USE A PEN WITH BLUE INK)  
Please Print/Type Name \_\_\_\_\_