

# Oregon Board of Accountancy

## Application for Issuance of CPA Certificate or PA License and Permit to Practice Public Accounting

1. **PRINT** Full Name \_\_\_\_\_  
Last First Middle

Other last names known by: \_\_\_\_\_

**INSERT**  **TO SELECT SIZE OF CERTIFICATE:** \_\_\_\_\_ 11 x 14 (No additional charge)  
 \_\_\_\_\_ 16 x 20 (\$15 additional charge)

I would like my name lettered on my certificate as:

**If you use a PO Box or other mail service you must also provide a physical address**  
**Insert**  **in one box to indicate official mailing address**

2. Physical Home Address \_\_\_\_\_   
 City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_

PO Box: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3. \*Employer name \_\_\_\_\_   
 \*If self-employed, include name of business, type of business and address. Indicate if unemployed.

Physical Address of Employment \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

4. Uniform CPA Exam passed in \_\_\_\_\_ on \_\_\_\_\_  
State Exam Date (Month & Year)

5. How did you qualify for the CPA exam?  
 150 semester hours with 24 sem hours accounting & 24 sem accounting/related   
 Bachelor Degree with 20 sem accounting & 10 sem accounting/related

Include or authorize payment of appropriate fee:  
**\$300 = License Fee** \$150 Application Fee (non-refundable) and \$150 Permit Fee (refundable if ineligible)  
**\$315 = License Fee plus additional charge for large certificate**

Payment may be made by check or credit card: **VISA OR MASTERCARD ONLY**

Send application and payment to: Oregon Board of Accountancy  
 3218 Pringle Rd SE #110  
 Salem OR 97302-6307

VISA or MASTERCARD Account Number \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount Authorized to Charge Account \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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6. Are you transferring CPA exam grades from another state? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of State \_\_\_\_\_

*If yes, you must request your official transcripts from your college or university to be sent to the Oregon Board and have the State Board complete the 'Exchange of Exam Information' form.*

7. Are you now or have you ever applied for or been issued a certificate or license as a CPA or PA in this or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of state: \_\_\_\_\_ Date Issued: \_\_\_\_\_

8. Have you ever been charged, convicted, pleaded *nolo contendere* or found guilty of any criminal offense (excluding non-criminal traffic violations) in the ten-year period immediately preceding this application? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are you currently under investigation by any regulatory or licensing Board? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you ever had a professional or vocational license denied, suspended, or revoked by this or any other state, jurisdiction or foreign country? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answer yes to questions 8, 9 or 10, download a disposition form from the Board website and submit completed form with this application.*

**Experience and exam requirements must be completed within 8-years immediately preceding the date of this application.**

### Certification

*I certify to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I understand that when a CPA certificate or PA license is issued to me, it must be surrendered upon demand by the Oregon Board of Accountancy upon my failure to pay the fees prescribed by law, or upon revocation by the Board of my certificate or for other causes prescribed by law. I authorize investigation by the Board of the statements made on this application, and other investigations, including a criminal records check, as the Board deems necessary.*

Signature \_\_\_\_\_ Date \_\_\_\_\_