

# Oregon Board of Accountancy

## Application for CPA Certificate and Permit to Practice Public Accounting under **Reciprocity**

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 (24 sem accounting & 24 sem accounting/related)   
Bachelor Degree

Include or authorize payment of appropriate fee:

**\$310 = License Fee** \$150 Application Fee (non-refundable) and \$160 Permit Fee (refundable if ineligible)  
**\$325 = License Fee plus \$15 additional charge for large certificate**

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

Send application and payment to:

If paying with **Visa or MasterCard** mail to:  
 Oregon Board of Accountancy  
 3218 Pringle Rd SE #110  
 Salem OR 97302-6307

If paying with **Check** mail to:  
 Oregon Board of Accountancy  
 Unit 05  
 PO Box 4395  
 Portland OR 97208

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

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

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

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

**Oregon Board of Accountancy CPA Application by Reciprocity**

6. List other state(s) in which you are currently licensed to practice public accounting:

State	License #	Date Issued	State	License #	Date Issued
-------	-----------	-------------	-------	-----------	-------------

7. List any state(s) in which you have previously held a valid permit to practice public accounting:

State	License #	Date Issued	State	License #	Date Issued
-------	-----------	-------------	-------	-----------	-------------

8. Have you ever been charged, arrested, pleaded *nolo contendere*, or found guilty of any criminal offense (excluding non-criminal traffic infractions)? \*Yes \_\_\_ No \_\_\_

9. Are you currently under investigation by a governing 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 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.*

11. Check how you are applying for licensing in Oregon:

\_\_\_\_\_ (a) I have an active permit to practice issued **prior to January 1, 2000** by a state that required at least two years' experience at the time I received the permit.

\_\_\_\_\_ (b) I have an active permit to practice issued **after January 1, 2000** from a state that requires 150 semester hours (24 semester hours in accounting and 24 semester hours in accounting/related) and at least one year experience. I have ordered an official transcript(s) to be sent directly to the Oregon Board.

\_\_\_\_\_ (c) I have had at least 4 years of public accounting or equivalent experience satisfactory to the Board within the last ten years after passing all sections of the Uniform CPA exam and have held a valid and active permit to practice for at least four of the last ten years and currently hold an active CPA permit.

**CERTIFICATION**

I certify to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements. I understand that any certificate issued to me 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 as prescribed by law. I understand and agree that the Board may investigate the statements made on this application, and may conduct other investigations, including a criminal records check.

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

ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION  
IS CAUSE FOR DENIAL OF THE APPLICATION OR  
REVOCAION OF ANY LICENSE ISSUED UNDER THIS APPLICATION