



New Mexico Regulation and Licensing Department  
BOARDS AND COMMISSIONS DIVISION  
New Mexico Public Accountancy Board  
5500 San Antonio Dr, NE ▪ Suite A ▪ Albuquerque, New Mexico 87109  
(505) 222-9850 ▪ Fax (505) 222-9855 ▪ www.rld.state.nm.us/boards

**INTERSTATE NOTIFICATION OF  
VERIFYING CPA'S LICENSE**

This form authorizes state boards of accountancy to exchange the following information:

- The license status of the applicant's verifying CPA

**You are encouraged to contact the accountancy board that will complete this form to determine if processing fees will be assessed.** You must complete the personal information portion in Section I, and your verifying CPA must complete the information in Section II and sign the form. Forward the form to the appropriate state board for completion. **The respective board will in turn, complete the remainder of the form and mail it directly to the New Mexico Public Accountancy Board at the above address in a sealed envelope.**

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**SECTION I – PERSONAL INFORMATION**

**To Be Completed by the Applicant**

_____	_____	_____	_____
Last Name	First Name	MI	Other Name(s) Used
_____	_____	_____	_____
Street or P.O. Box	City	State	Zip Code
_____	_____	_____	_____
Date of Birth (MM/DD/YYYY)	Social Security Number		

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**SECTION II – VERIFYING CPA INFORMATION**

**To be Completed by the Verifying CPA**

_____	_____	_____
Name as it Appears on Certificate	Certificate Number	State of Issuance

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the New Mexico Public Accountancy Board to complete an application filed with that agency for the above-named applicant.

_____	_____
CPA Signature	Date



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**THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY STATE BOARDS OF ACCOUNTANCY ONLY.**

**SECTION III – LICENSURE STATUS OF THE APPLICANT’S VERIFYING CPA**

Is the CPA currently licensed in your state?  YES  NO

Indicate the dates that he/she has been actively licensed to practice accounting:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_.

If not currently licensed, indicate below the requirements to be met for issuance or reinstatement.

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**OFFICIAL SIGNATURE OF VERIFYING BOARD**

\_\_\_\_\_  
Board/Agency

**BOARD SEAL REQUIRED**

\_\_\_\_\_  
Name of Board Representative Printed Name

\_\_\_\_\_  
Board Representative Signature