

Last Name

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

First Name

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.

SECTION I – PERSONAL INFORMATION

To Be Completed by the Applicant

MI

Other Name(s) Used

Street or P.O. Box	City	State	Zip Code	
Date of Birth (MM/DD/YYYY)	Cell Te	elephone Number		
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 information requested in this form to the Ne for the above-named applicant.	w Mexico Public Account		ancy to provide any and all pertinen n application filed with that agency	
CPA Signature		Date		
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Is the CPA currently licensed in your state?

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

NO

YES

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.				
OFFICIAL SIGNATURE OF VERIFYING BOARD				
BOARD SEAL REQUIRED				
	Board/Agency			
	Name of Board Representative Printed Name			
	Board Representative Signature			

