Nebraska

AFFIDAVIT OF APPLICANT

- I hereby make application to take the Certified Public Accountant examination under the laws of the State of Nebraska, and I agree to abide by the decision of the Nebraska State Board of Public Accountancy as to this application.
- I acknowledge that I am aware that my transcript(s) must be sent directly to CPA Examination Services from the issuing institution(s), showing the successful completion of all course work. I acknowledge that failure to meet all educational requirements, comply with or provide required documents within the due dates will be cause for my examination scores to be considered null and void and that I will not be provided any information regarding the examination or my performance thereon.
- I acknowledge that I am (check all that apply):

  ____a resident of Nebraska
  ____self employed in Nebraska
  ____regularly employed in Nebraska
- I AGREE TO CONFORM TO THE LAWS AND RULES OF THE NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY, AND IF ACCEPTED, TO BE GOVERNED BY THE LAWS AND RULES OF THE NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY.
- I agree that any claim I may have against the Nebraska State Board of Public Accountancy will be limited to a percentage of the application fee paid by me. I hereby certify that the statements above are correct to the best of my knowledge and belief; and that I have not suppressed any information which might have a bearing upon this application. I have read and understand that application fees and a portion of the examination fee(s) are not refundable.

_____ _____

Signature of Applicant Date

STATE OF _____ }
COUNTY OF _____ } SS.

Before me, a notary public, in and for the county and state aforesaid, personally appeared

_____ known to me to be the person named, who, being

duly sworn, deposes and says that the signature hereto in his/her own signature.

Given under my hand, this, the _____day of _____ 20_____ .

(Seal) _____

Notary Public

Mailing Address: CPA Examination Services, P.O. Box 198469, Nashville, TN 37219