

Colorado Attestation Affidavit

To be submitted by *First Time CPA Examination applicants* in Colorado.

Applicant Name: _____

Date: _____

• Under penalty of perjury, I certify that I am of good moral character and to the truth and accuracy of all statements, answers and representations made in the foregoing application, and in all supplementary statements and materials.

• I attest that I have reviewed the educational requirements for the State of Colorado and believe that I meet those requirements as stated therein. I understand that all educational and experience requirements must be met to receive a CPA certificate. I also agree to appear in person, if requested, at a time and place determined by the Board or to furnish additional information for the purpose of aiding the Board in the determination of my qualifications.

• I confirm that I have read the Information for Applicants and the Candidate Bulletin. I agree that in the event my examination(s) results are unscorable, any claim I may have will be limited to the examination fee paid by me.

• I authorize the Board to use my social security number for identification purposes in record keeping; information exchanges with state agencies (Colorado and other states), federal agencies, and other data sources; and when performing criminal history checks and other background investigations that may be required to verify all information I have provided on this application. I understand that discovery of false information in this application or of relevant criminal history may result in denial of my application.

Signature of Applicant

Date

State of _____ City/County of _____

The statement was signed and sworn to before me this _____ day of _____, 20_____.

Notary Public

Date of Expiration

Mailing Address: CPA Examination Services – CO, PO Box 198469, Nashville, TN 37219