

Pennsylvania

Reference Signature Form

As a first time applicant, you must submit reference signatures from three individuals that have known you for the past three years and are residents of Pennsylvania. These references should include one CPA and two people other than CPAs. Relatives are not acceptable as references. If any of the three references you provide does not meet one or more of the requirements, please attach a separate sheet with a brief explanation of the exception.

NOTE: If necessary, this form may be copied but the signatures sent to CPA Examination Services must be the originals. Photocopied signatures are not acceptable. Your application will not be complete until all three reference signatures have been received. If this supporting document is not received within 45 days of the submission date of your application, your application will be marked as incomplete and will not be processed further. Failure to submit all required supporting documents will result in the denial of your application, forfeiture of your application fee, and the secure destruction of all documents submitted.

Part 1 – To be completed by the applicant:

1. Applicant Name: _____
First M.I. Last

2. Date of Birth _____ mm/dd/yyyy
3. Jurisdiction ID _____
Available from your user account at CPA Central after your application has been submitted.

3. Date of Application _____
mm/dd/yyyy

Part 2 – Reference Signatures (to be completed by the references)

My signature below certifies that I am personally acquainted with the applicant, that I am not related to the applicant by blood or marriage, that I believe the applicant to be of good moral character;; that, to my knowledge, the applicant has never been convicted of a felony, or declared by any court of competent jurisdiction to have committed any fraud, and does not have a history of committing dishonest acts. I also certify that I personally have never been convicted of a felony or declared by any court of competent jurisdiction to have committed any fraud.

	First Reference	Second Reference	Third Reference
Name			
Occupation			
Business or Firm Name			
Address			
Known Since (Year)			
Signature of Reference			

RETURN THIS FORM TO: CPA Examination Services – PA, P.O. Box 198469, Nashville, TN 37219