

Instruction Sheet for Verifier's License Verification Form

- If your verifier is licensed in a state that provides online CPA license verifications, you may print the license verification off of the board's website and upload into your online application in lieu of submitting this form. The verification **MUST** include your verifier's name, license number, date of issuance and expiration date.
- A copy of the license card or wall certificate is **NOT** acceptable.
- If the online license verification is not available, complete the first two boxes of this form, forward to the verifier's state of licensure, have the completed form returned to you, and then upload into your online application.
- If the verifier has an active certificate and/or designation from an approved IQAB country, they will need to submit a letter of good standing from their respective institute. The letter of good standing must include your verifier's name, license/certificate number, date of issuance and expiration date.

Verifier's License Verification Form

State Boards: CPA Licensing Services, a division of the National Association of State Boards of Accountancy, requests that you verify the information presented below by answering all questions. This form serves the purpose of verifying that the person and firm noted was certified/licensed by your jurisdiction during the dates of employment listed. Upon completion of this form, return it to the applicant in a sealed envelope. **Please do not send directly to CPA Licensing Services.**

First Name _____ Middle Name _____ Last Name _____

Street or P.O. Box _____

City _____ State _____ Zip Code _____ Telephone Number _____

Dates of Employment with Firm named below: _____ to _____

Supervising CPA's Name: _____

Firm Name: _____

Street or P.O. Box _____

City _____ State _____ Zip Code _____ Telephone Number _____

For Board Use

1. Did the supervising CPA named above hold an active certificate/license to practice public accounting during the period of employment stated above?

YES NO Certificate/License Number _____

2. Did the firm named above hold an active certificate/license registration to practice as a certified public accounting firm during the period of employment stated above?

YES NO N/A

3. Please provide any further information you may have regarding the CPA/licensee/firm, including whether the CPA/licensee/firm has been subject to discipline.

I solemnly affirm, to the best of my knowledge, that the above information is true and correct.

(Board Seal)

Official Signature/Board Representative

Title

Date