

ALASKA

VERIFICATION OF LICENSURE FOR CPA SUPERVISOR

This form is to be completed only if you are certified/licensed United States CPA in a state other than Alaska.

In order to verify your experience under the direct supervision of a CPA, this form (Section B) must be completed by the licensing authority in the jurisdiction where the supervising CPA holds an active permit to practice. You are advised to check with that Board before forwarding this form to determine if there is a fee or if additional requirements need to be met before the information will be released. After completing Section A, submit this form to the State Board of Accountancy where the supervising CPA holds a permit to practice public accounting.

SECTION A: To be completed by the Applicant

Name: _____
First M.I. Last Maiden

SUPERVISING CPA INFORMATION

Direct Supervisor

Firm/Company

Certificate Number

State Where Certified/Licensed

Duration of Supervised Experience: From: _____ To: _____
Date Date

SECTION B: To be completed by the Board of Accountancy where the above-named supervising CPA is certified and permitted to engage in the practice of public accounting.

I certify that _____, license number _____
in the state of _____ held an active permit/license to engage in the practice of
public accounting during the entire "Duration of Supervised Experience" as specified above.

Comments: _____

BOARD SEAL

Board

Board Official Signature

Title

Date