

Louisiana

Reference Signature Form

As a first time applicant, you must submit reference signatures from three individuals that can attest to your moral character. The reference must be a Louisiana resident who has known the applicant for a period of 12 or more months. References should be from CPAs or substantial and representative business or professional individuals. They may not be submitted by the following individuals:

- Current or former employers
- More than one member of a household
- Relatives (by blood or marriage)
- Roommates
- Fellow students
- University or college instructors (unless he or she has had significant contact with you outside the classroom)
- Persons with which you have a financial or business investment

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.

Part 1 – To be completed by the applicant:

1. Applicant Name: _____
First M.I. Last
2. Date of Birth _____ 3. Jurisdiction ID _____
mm/dd/yyyy 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 am not the applicant's current or former employer; that I am not a student; 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 – LA, P.O. Box 198469, Nashville, TN 37219