

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 State Board of Accountancy
 165 Capitol Avenue
 Hartford, CT 06106
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For Official Use Only

CPA Certificate Registration Reinstatement/Reinstatement Late Renewal Application

This application is for individuals applying on or after the renewal cycle has concluded (12/31). This application must be submitted with a check or money order made payable to "Treasurer, State of Connecticut"

Check (✓) one:

☐ **Reinstatement: \$40.00.** A certificate registration may qualify for reinstatement, if the holder has not used the professional designation while the certificate registration was inactive. I attest I have not used the professional designation while the certificate registration was inactive.

☐ **Reinstatement Late Renewal: \$40.00 plus appropriate late fee(s).** A certificate registration may qualify for late renewal, if the holder has used the professional designation of public accountancy while the certificate registration was inactive. If you were registered in the last calendar year AND needed to be renewed and registered effective JANUARY 1st you are subject the following late fees: \$50.00 for the first three (3) months and \$10.00 for each additional month. I attest I have used the professional designation while the certificate registration was inactive.

Section I: Applicant Information

First Name		Middle Name	Last Name	
Address (If using business address please state business name)				
Street Address		City	State	Zip Code
Telephone Number	Email Address (mandatory for all applicants)			Date of Birth
Social Security Number*	CT CPA Certificate Number	Name certificate was issued under if different from above		

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CGS17b-137a.

Section II: CPA Certificates/Registrations/Licenses

Were you issued your Connecticut CPA Certificate via reciprocity? ☐ Yes ☐ No If Yes, indicate state: _____

Do you hold a CPA certificate/registration/license in another jurisdiction? ☐ Yes ☐ No If Yes, list **all** jurisdictions (abbreviations only): _____

Have you ever had a CPA certificate/registration/license surrendered, suspended, revoked, limited, denied or is any such action pending in any state or jurisdiction? ☐ Yes ☐ No If Yes, attach a statement of explanation

Section III: Background Information

Have you ever been convicted of a crime which constitutes a felony? ☐ Yes ☐ No If Yes, attach a statement of explanation

Section IV: Attestation

I, _____ declare under penalty of perjury, under the laws of the State of

 (Printed Name of Applicant)

Connecticut, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

 Signature of Applicant

 Date