ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY
PO BOX 300375
MONTGOMERY, ALABAMA 36130-0375
(334) 242-5700
APPLICATION FOR C. P. A. REEXAMINATION

(To be used by applicants who have previously applied for the C. P. A. examination in Alabama)

Important note to applicant: By filing this application you indicate to the Board that since your last application you have, to the best of your understanding, adequately prepared yourself, by diligent study or through study and practical experience, in all subjects which you failed in previous examinations.

I, _____, hereby make application to be reexamined for a certificate as a Certified Public Accountant under the rules adopted by the Alabama State Board of Public Accountancy in accordance with provisions of the Public Accountancy Act of 1973. I enclose herewith the required fees.

I understand that I am required to sit for **ALL** parts of the examination for which I have not received credit.

1. Full name_____ SS# _____

2. Residence Address _____
(Number and Street) (City) (State) (Zip) (Phone No.)

3. Subjects for which credit has been received, and subject or subjects to be completed:

	Credit received	To Be completed	Fee	Fee enclosed
Business Law & Professional Responsibilities	☐	☐	$35.00	$ _____
Auditing	☐	☐	$35.00	$ _____
Accounting & Reporting – Taxation, Managerial and Governmental and Not for Profit Organizations	☐	☐	$35.00	$ _____
Financial Accounting & Reporting	☐	☐	$35.00	$ _____
Application Fee for Reexamination			$25.00	$ 25.00
		TOTAL AMOUNT ENCLOSED		$ _____

4. Shown below is a complete statement of the use of my time since I last furnished this information: (Give current employment information: **DO NOT** write "SAME AS LAST APPLICATION".)

Dates (Month and Year) From	To	Name and Address of Employer (if employed), Self-employed, Unemployed, School or Armed Forces	Position	Phone No.

I affirm under penalty of perjury that all answers, statements and information previously given in the application for any initial C.P.A . examination and any previous applications for reexamination are true and accurate as of this date except as they may be modified to the information in 1 – 4, above, or as noted and explained on the reverse side of this page, that all statements made in this application are true and that I have not suppressed any information that might affect this application.

Date: _____ Signature: _____

Subscribed and sworn to before me, a Notary Public for the State of _____

NOTARY SEAL

on this the _____ day of _____ year of _____.

_____
Notary Public

(Rev. 6/99)