State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation

INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH mm / dd / yyyy		SOCIAL SECURITY NUMBER - -	
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. **Have you ever been convicted by any court of any crime? (circle one) NO YES**
   If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. **Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES**
   If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE **DATE**

MAINE BOARD OF ACCOUNTANCY

APPLICATION FOR LICENSURE ON THE BASIS OF AN OUT-OF-STATE LICENSE *(Substantial Equivalency)*

Required Fee: $146.00 (includes criminal records check fee)

Office Use Only:
Check #_____
Amount:_____
Cash #_____
Lic. #_____
1421- $75.00
1446- $50.00
2619- $21.00

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my ( ) VISA or ( ) MASTERCARD the following amount: $_____

Card number: XXXX-XXXX-XXXX-XXXX Card Expiration Date mm / yyyy

Check Here ( ) I understand that fees are non-refundable

SIGNATURE **DATE**

AUTHORIZATION FOR LICENSURE INFORMATION

Department of Professional and Financial Regulation
Office of Professional & Occupational Regulation
Maine Board of Accountancy
35 State House Station
Augusta, ME 04333
207/624-8672
207/624-8636 Fax
Email: accountancy.board@maine.gov

Last Name:	First Name:	Middle Name:	
Mailing Address:			
City:	State:	Zip Code:	
Social Security Number:	Certificate Number, if Applicable:		
Date of Birth: _____/_____/_____	Home Telephone: (_____)_____-_____ Work Telephone: (_____)_____-_____		

I hereby request and authorize the _____ Board of Accountancy provide any and all pertinent information requested in this form to the Maine Board of Accountancy to complete an application filed with that agency.

_____ _____
Applicant's Signature Date

TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY WHERE THE ABOVE NAMED CERTIFIED PUBLIC ACCOUNTANT IS CERTIFIED AND MAILED DIRECTLY TO THE MAINE BOARD OF ACCOUTANCY AT THE ABOVE ADDRESS.

LICENSE TO PRACTICE PUBLIC ACCOUNTING

1. □Yes □No The license/permit from this Board is in good standing and expires _____.
2. □Yes □No The applicant is currently licensed to engage in the practice of public accounting.
3. □Yes □No Has there ever been any disciplinary action instituted against the applicant? If yes, please explain.

Official Board Seal

_____
Board/Agency

_____
Official Signature

_____
Title Date

State of Maine, Department of Professional & Financial Regulation, Office of Professional & Occupational Regulation
Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8636 Hearing Impaired: Maine Relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license application will show up as PENDING at first. Once your license is issued the status will show up as ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405 (C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- √ Answer the criminal background disclosure questions
- √ Sign and date your application
- √ Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
  DO NOT SEND CASH
- √ Complete every item on the application (incomplete applications may be returned)
- √ Make a copy of your application to keep for your records