



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

| | | | |
|---|-----------------------|------------------------|-------------|
| APPLICANT INFORMATION (please print) | | | |
| FULL LEGAL NAME | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> |
| ANY OTHER NAMES EVER USED: | | | |
| DATE OF BIRTH | <i>mm / dd / yyyy</i> | SOCIAL SECURITY NUMBER | - - |
| MAILING ADDRESS | | | |
| CITY | STATE | ZIP | COUNTY |
| PHONE # () | FAX # () | E-MAIL | |
| CRIMINAL BACKGROUND DISCLOSURE | | | |
| <i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i> | | | |
| 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 Licensing and Registration 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 | |

| | | |
|---|--|--|
| <p>BOARD OF ACCOUNTANCY CERTIFIED PUBLIC ACCOUNTANT APPLICATION TO OBTAIN A LICENSE</p> <p>Required Fee:\$121.00 (includes criminal records check fee)</p> <p>LICENSE TYPE: Certified Public Accountant (CP1421)</p> | | <p>Office Use Only:</p> <p>1421- \$50.00 1446 - \$50.00 2619- \$21.00</p> |
| | | <p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____</p> |

| | | | |
|--|-------------------------------------|--------------------------------|------------------|
| 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) | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> |
| I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my | | | |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | the following amount: \$ _____ | |
| Card number: | <i>XXXX-XXXX-XXXX-XXXX</i> | Expiration Date | <i>mm / yyyy</i> |
| SIGNATURE | | DATE | |

Name of Employer:

Mailing Address of Employer:

City:

State:

Zip Code:

Are you under investigation, subject to complaint action, or ever been reprimanded by or disbarred from any association including any State Board of Accountancy, Internal Revenue Service, American Institute of Certified Public Accountants or any state society of certified public accountants or public accountants?

(Circle One) Yes No

If yes, subject detail on a separate sheet.

Department of Professional and Financial Regulation
Office of Licensing and Registration
Maine Board of Accountancy
35 State House Station
Augusta, ME 04333
207/624-8627

**VERIFICATION OF LICENSURE FOR CPA SUPERVISOR
OR LICENSED SUPERVISOR PROFESSIONAL**

In order to verify your experience under the direct supervision of a CPA, this form 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 additional requirements need to be met before the information will be released. This form does not apply to applicants whose supervisor is a Maine licensed CPA.

SECTION A: To be completed by applicant. After completing Section A, submit this form to the State Board of Accountancy where the supervising CPA holds a permit to practice public accounting.

Please type or print legibly:

| | | |
|-----------------------|------------|----------------|
| _____ | _____ | _____ |
| Applicant's Last Name | First Name | Middle Initial |

| | |
|---|-----------------------|
| SUPERVISING CPA INFORMATION | |
| _____ | _____ |
| Name of Direct Supervisor | Name of Firm/Company |
| _____ | _____ |
| Certificate Number | State Where Certified |
| Duration of Supervised Experience: From: _____ To: _____ | |
| Date | Date |

SECTION B: To be completed by the Board of Accountancy where the above-named supervising certified public accountant is certified and permitted to engage in the practice of public accounting, and mailed directly to the Maine Board of Accountancy at the above address.

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

Permit First Issued: _____ Expiration Date: _____

Comments: _____

Seal

Board

Board Official Signature

Title

Date

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?** 122 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. You will not leave with a license, though.
- **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 will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **Do I need to complete the “Verification of Licensure for CPA Supervisor or Licensed Supervisor Professional” if my supervisor is a Maine licensed CPA?** No. The Verification of Licensure for CPA Supervisor form is to be completed by the licensing authority in the jurisdiction where the supervising CPA has an active permit to practice. Verification of licensure of the supervising licensed professional in another country must also be submitted as part of this application

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 Licensing and Registration 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:

- Complete every item on the application (incomplete applications may be returned)
- 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)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.