



State of Maine

BOARD OF ACCOUNTANCY

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

LICENSE APPLICATION INSTRUCTIONS FOR:

OUT-OF-STATE LICENSED ACCOUNTANT TO BECOME MAINE LICENSED CERTIFIED PUBLIC ACCOUNTANT -

for individuals who hold a license issued by another state who obtains from a national association of state boards of accountancy verification that the individual's certified public accountancy qualifications are substantially equivalent to the certified public accountant licensure requirements of the American Institute of Certified Public Accountants, National Association of State Board of Accountancy Uniform Accountancy Act

Do not return the informational pages with your application; they are for your information only. Return the license application and documents listed on the checklist only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345
Office Direct Line (207) 624-8672
TTY users call Maine relay 711

GENERAL INSTRUCTIONS AND INFORMATION

10 DAY NOTIFICATION REQUIREMENTS:

Pursuant to 10 M.R.S §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Maine Board of Accountancy within 10 days.

IMPORTANT INFORMATION REGARDING LICENSE DELIVERY:

The Maine Board of Accountancy does not print licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive from email sender address: noreply@maine.gov. The attachment with this email is your license where you may open it and print your license. If you do not locate your license in your inbox, please check your junk/spam folders for this email. Please either save our email address (noreply@maine.gov) in your contacts or as a safe sender to prevent your license from being directed to your junk/spam folders.

LICENSE RENEWAL INFORMATION:

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty days prior to the license expiring and you may renew online. Failure to receive a courtesy renewal reminder notice does not impact your responsibility to renew your license in a timely manner.

MAINE BOARD OF ACCOUNTANCY LAWS AND RULES:

The Maine Board of Accountancy cannot provide you with a hard copy of laws and rules. However, all applicable laws and rules are available online, and may be accessed via the websites listed below. You are responsible for knowing and complying with all board laws and rules throughout your licensure. Please note, all laws and rules may be subject to change without notice and it is strongly advised to periodically check for updates.

Board of Accountancy Laws:

<http://www.mainelegislature.org/legis/statutes/32/title32ch113sec0.html>

Board of Accountancy Rules:

<https://www.maine.gov/pfr/professionallicensing/professions/accountancy/home/laws-rules>

Title 5, Chapter 375: Maine Administrative Procedure Act:

<https://legislature.maine.gov/legis/statutes/5/title5ch375sec0.html>

Title 10, Chapter 901: Department of Professional and Financial Regulation:

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

APPLICATION PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are included. To ensure that the Maine Board of Accountancy received your application please visit our website at <https://www.pfr.maine.gov/almsonline/almquery/welcome.aspx?board=4110>. After your application has been received your name will appear when you complete a “licensee search” on your name as you entered it on your application. The status will appear as “Pending.” This is not an actual license approval at this point; it is simply a verification that an application has been received and is in the queue for review. When a license is issued the status will change from pending to active.

Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications.

LICENSE APPLICATION INSTRUCTIONS AND CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE MAINE BOARD OF ACCOUNTANCY FOR LICENSURE CONSIDERATION:

- License Application** - completed, signed and dated; and

- Application Fee** - make checks payable to “Maine State Treasurer” or if you are paying by debit/credit card please complete the bottom “Payment Options” portion of the license application completely and legibly; and

- Authorization for Licensure Information** – Fully completed and executed Authorization for Licensure Information form by the board of accountancy where you are licensed as a Certified Public Accountant.

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 emailed 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.

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 background disclosure question
- ✓ 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



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

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	
PHONE #	E-MAIL		
DISCLOSURE			
Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure?			
(check one)	<input type="checkbox"/> NO	<input type="checkbox"/> 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**

Required Fee: \$56.00
(includes criminal records check fee)

<i>Office Use Only:</i>	
Check #	_____
Amount:	_____
Cash #	_____
Lic. #	_____
	1421- \$35.00
	2619- \$21.00

Make checks payable to **"Maine State Treasurer"** - If you wish to pay by credit or debit card, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my			
VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS the following amount: \$ _____
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Card Expiration Date	<i>mm / yyyy</i>
Check Here	I understand that fees are non-refundable		DATE
SIGNATURE			

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

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 ACCOUNTANCY 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