

Wisconsin Department of Safety and Professional Services

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ACCOUNTING EXAMINING BOARD

VERIFICATION OF EXAMINATION OR REGISTRATION STATUS

SECTION I: Applicant is to complete this section and forward form to registration agency that is to complete Section II. **Please print or type all information.**

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

If examinations were taken, indicate state(s) and date(s): _____

Original State of Licensure: _____ Credential Number: _____

SECTION II: Registration Agency is to complete this section and return to the Department of Safety and Professional Services.

A. The above named individual was registered as a Certified Public Accountant.

Credential Number

Date Issued

Valid Until

Basis of Registration
(Exam, Comity, Other)

B. The above named individual is ☐ is not ☐ registered as a certified public accountant.

C. The individual took the following examinations in this state. (If the AICPA grades were modified in any way, please explain on the reverse side of this form.)

<u>Exam Date</u>	<u>Law/LPR/BEC</u>	<u>Auditing/AUD</u>	<u>Practice/ARE/REG</u>	<u>Theory/FARE/FAR</u>

D. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?
Yes ☐ No ☐ If yes, please give details on the reverse side of this form.

Form Completed By _____

Title _____

State _____

Date _____

(BOARD SEAL)