



ACCOUNTANCY APPLICATION PART I

State Form 49209 (R9 / 8-16)

Approved by State Board of Accounts, 2016

INDIANA BOARD OF ACCOUNTANCY PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, Indiana 46204-2724 Telephone: (317) 234-8800 E-mail: pla14@pla.IN.gov www.pla.IN.gov

- INSTRUCTIONS:**
1. Please refer to IC 25-2.1-4-4 and 872 IAC 1-1-10 for the application fee, payable to the Indiana Professional Licensing Agency.
 2. All fees are non-refundable and non-transferable.
 3. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

GENERAL INFORMATION

Type of application (please check one)			
<input type="checkbox"/> CPA certificate	<input type="checkbox"/> Reciprocity certificate	<input type="checkbox"/> Transfer of grades	<input type="checkbox"/> Reciprocity certificate by substantial equivalency
Name of applicant (last, first, middle)		Social Security number *	
Previous names used			
Address (number and street, city, state, and ZIP code)			
Date of birth (month, day, year)	Home telephone number ()	Business telephone number ()	E-mail address
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)		Are you an active duty member of the military? (Optional)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.			
1. Have you ever been convicted of an act which would constitute a ground for disciplinary sanction under IC 25-1-11-5?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,			
(1) have you ever been arrested;		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date you passed the CPA examination (month, day, year)	State in which you passed the examination	Do you have an advanced degree in accounting or business administration?	
If yes, name of institution conferring degree	Date degree conferred (month, day, year)	Do you hold a license in good standing as a certified public accountant from a state other than Indiana? If yes, please complete the below table.	
STATE WHERE ISSUED	LICENSE NUMBER	DATE ISSUED (month, day, year)	

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant	Date signed (month, day, year)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization, or institution to release to the Indiana Professional Licensing Agency, or the Indiana Board of Accountancy, any files, documents, records, or other information pertaining to the undersigned requested by the Agency, or the Board, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency or the Indiana Board of Accountancy to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information, which is material to my application, and I hereby specifically release the Agency, and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed (month, day, year)
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