



**ACCOUNTANCY APPLICATION
PART I**

State Form 49209 (R12 / 11-21)
Approved by State Board of Accounts, 2017

**INDIANA BOARD OF ACCOUNTANCY
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
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. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. 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)	

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	
Name of applicant (last, first, middle, maiden)	Social Security Number*
Address (number and street or rural route, city, state, and ZIP code)	
Date of birth (month, day, year)	Telephone number ()
Email address	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641). <input type="checkbox"/> I am authorized by the Federal Government to work in the United States.	
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL BACKGROUND			
NAME OF SCHOOL	LOCATION OF SCHOOL	DATES OF ATTENDANCE (month, day, year)	DEGREE EARNED
Do you have an advanced degree in accounting or business administration?			<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

TYPE OF LICENSE / CERTIFICATION / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED <i>(month, day, year)</i>	LICENSE STATUS

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, 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. Do not file this application without this documentation.

- | | | |
|---|------------------------------|-----------------------------|
| 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. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (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 |

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or any of its 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 information.

I further authorize the Professional Licensing Agency 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 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 affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date *(month, day, year)*

