



Oregon Board of Accountancy  
3218 Pringle Rd SE #110  
Salem, OR 97302-6307  
503-378-2264 FAX: 503-378-3575  
<http://oregon.gov/boa>

## AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAM AND LICENSE INFORMATION

### Section A: AUTHORIZATION (To be completed by applicant)

This form is required for the application you are filing with the Oregon Board of Accountancy. Please complete section I and immediately forward the form to the Board of Accountancy where your examination grades and/or certificate and license were issued. That Board, in turn, will complete the remainder of the form and return it to you or directly to the Oregon Board of Accountancy. You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees before such information will be released). Please print or type.

LEGAL NAME:

Address Line 1

Address Line 2

City

State

Zip Code

Province

Country

Primary Phone

Secondary Phone

Certificate Number

Date of Birth

I HEREBY REQUEST AND AUTHORIZE THE \_\_\_\_\_ Board of Accountancy to provide any and all information requested on this form to the Oregon Board of Accountancy to complete an application filed with that agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION – Continued

Name \_\_\_\_\_

**SECTION B: VERIFICATION OF EXAMINATION GRADES** (To be completed by the Board of Accountancy Only)  
Please provide only the information that resulted in the awarding of credit.

	Section ID Number	Date Exam Taken	Grade	Expiration of Credit
AUD				
BEC				
FAR				
REG				

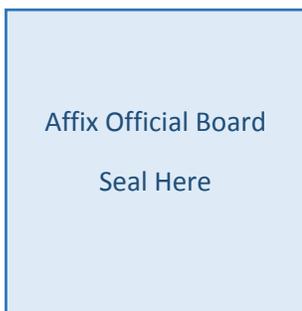
1. Has this applicant ever been denied admission to the exam? If yes, explain in Section D.
2. If the applicant has not completed the CPA examination, are there any restrictions preventing the applicant from sitting in your jurisdiction?
3. Date applicant initially sat for the exam in your jurisdiction: Month \_\_\_\_\_ Year \_\_\_\_\_

**SECTION C: LICENSURE INFORMATION** (To be completed by the Board of Accountancy only)

1. The individual holds an original / reciprocal (circle correct response) CPA certificate # \_\_\_\_\_ dated \_\_\_\_\_ which is in good standing unless otherwise noted in Section D of this form
2. Is your jurisdiction considered two-tier?
3. The individual completed the AICPA ethics exam? Score: \_\_\_\_\_
4. Indicate number of years' experience required at the time the applicant was licensed: \_\_\_\_\_
5. The individual hold a license / permit that expires: \_\_\_\_\_
6. Has this individual had any disciplinary action with your Board?
7. Is there any pending disciplinary action against this individual?

**SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED**

*(Official seal and signature must be affixed to attached sheets if needed to respond to this inquiry)*



THE INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date