



**California Board of Accountancy**  
 2450 Venture Oaks Way, Suite 300  
 Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



**APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANT (CPA) LICENSE  
 APPLICATION PROCESSING FEE \$250**

**SECTION I – APPLICANT TYPE**

- \_\_\_ A. I passed the CPA Exam as a California candidate and I have not been issued a valid license in any state (exclude Section III). CPA Exam Unique ID# \_\_\_\_\_ Date CPA Exam Passed \_\_\_\_\_
- \_\_\_ B. I passed the CPA Exam as a candidate of a state other than California, and I have not been issued a valid license in any state (exclude Section III). Date CPA Exam Passed \_\_\_\_\_ State \_\_\_\_\_
- \_\_\_ C. I have been issued a valid license to practice public accounting in a state other than California.
- \_\_\_ D. I was once licensed in California. My CPA certificate was canceled due to nonpayment of fees (exclude Section III). Certificate # \_\_\_\_\_ Experience type:  General  Attest
- \_\_\_ E. I passed the CAQEX/IQEX examination (exclude Section III).

**SECTION II – PERSONAL INFORMATION**

<p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>License No. _____</p> <p>Date Issued _____</p>
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1. Full Name (no initials) \_\_\_\_\_  
 Last  
 \_\_\_\_\_  
 First Middle
2. List other name(s) known by \_\_\_\_\_
3. Residence address \_\_\_\_\_  
 Number and Street City State Zip Code
4. Telephone # (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Personal Business
5. Email address \_\_\_\_\_
6. U.S. Social Security/Individual Taxpayer Identification # \_\_\_\_\_ 7. Birthdate \_\_\_\_\_
8. a. Are you currently serving in or have you previously served in the U.S. Military? **(check one)**  Yes  No  
 b. Did you previously serve in the U.S. Military and receive an honorable discharge? **(check one)**  Yes  No  
 c. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders? **(check one)**  Yes  No

**IF THE ANSWER TO QUESTION 8B OR 8C IS "YES," PROVIDE EVIDENCE OF HONORABLE DISCHARGE (DD FORM 214) OR EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY**

9. Current employer's name and address \_\_\_\_\_  
 Number and Street City State Zip Code
10. Have you ever applied for a CPA license with the CBA? **(check one)**  Yes  No
11. Have you ever had a professional or vocational license, permit, certificate or registration disciplined, or received any other form of enforcement action by this or any other state, agency of the federal government, or a foreign country? **(check one)**  Yes  No
12. Have you ever been cited or sanctioned for unlawfully engaging in the practice of public accountancy in another state? **(check one)**  Yes  No

**IF THE ANSWER TO QUESTION 11 OR 12 IS "YES," PROVIDE A DETAILED EXPLANATION USING A SEPARATE SHEET OF PAPER.**

FULL NAME (last, first, middle) \_\_\_\_\_

APPLICATION FOR CPA LICENSE

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13. Business and Professions Code section 135.4 provides that the California Board of Accountancy must expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following statements apply to you: **(check one)**  Yes  No
- a. You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
  - b. You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
  - c. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

**IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER. FAILURE TO DO SO MAY RESULT IN APPLICATION REVIEW DELAYS.**

14. Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the California Board of Accountancy shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.) **(check one)**  Yes  No

**SECTION III – OUT-OF-STATE LICENSEE INFORMATION**

15. In which state(s) were you issued a CPA or PA license, permit, certificate or registration? \_\_\_\_\_  
 CPA certificate/license #(s) \_\_\_\_\_ Date(s) CPA certificate/license issued \_\_\_\_\_
16. Have you held an active license to practice public accountancy for at least four of the last ten years? **(check one)**  Yes  No

**SECTION IV – EDUCATION**

List below all schools attended after high school for which you will have an official transcript submitted. Foreign education must be evaluated by a CBA-approved foreign credentials evaluation service provider.

	DEGREE OBTAINED?	
	YES	NO

**SECTION V – EXPERIENCE**

17. I am applying for CPA licensure with **(check one)**:  General Accounting Experience  Attest Experience (requires 500 attest hours documented on a *Certificate of Attest Experience Form*)

List below in chronological order, all public and nonpublic experience for which you will have a Certificate of Experience form submitted. You are responsible for providing each supervisor with a Certificate of Experience form for completion.

POSITION	DATES		EMPLOYER	PUBLIC (P) PRIVATE INDUSTRY (PI) GOVERNMENT (G) ACADEMIA (A)	MAILING ADDRESS
	FROM	TO			

**OUT-OF-STATE CPA LICENSEES ONLY:** For self employment experience, submit a schedule listing the following information: (1) Clients’ names and addresses (2) Brief description of services rendered to the client (3) Dates services performed.

**SECTION VI – CERTIFIED TRUE STATEMENT**

*I hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

**By submitting this application for CPA licensure, you are acknowledging that you have read and understand the Rules of Professional Conduct adopted by the CBA. Reference California Business and Professions Code, Chapter 1 of Division 3, Article 3.5 (starting at section 5060) and California Code of Regulations Title 16, Division 1, Article 9 (starting at section 50).**

**Definition of Disciplinary Action**

For the purposes of responding to question 11, “disciplinary action” is an administrative action that resulted in a restriction or penalty being placed on any professional license you have or have possessed, such as a revocation, suspension, probation, consent order, or letter of reprimand. It includes all discipline, penalty or sanctions imposed by the Public Company Accounting Oversight Board or the United States Securities and Exchange Commission. It does not include other types of administrative actions such as citations and fines, orders of abatement, or orders to take specified continuing education courses. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

**NOTICE ON COLLECTION OF PERSONAL INFORMATION****Collection and Use of Personal Information**

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 27, 141, 480, 5019, and 5080 through 5095 and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information, in accordance with DCA’s Privacy Policy, principally to identify and evaluate applicants for licensure, to issue and renew licenses, and to enforce licensing standards set by law and regulation.

**Mandatory Submission**

Submission of the requested information is mandatory. The CBA cannot consider your application for licensure or renewal unless you provide all the requested information.

**Access to Personal Information**

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information**

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information**

For questions about this notice or access to your records, contact the Executive Officer of the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 or email at [outreach@cba.ca.gov](mailto:outreach@cba.ca.gov). For questions about DCA’s Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).