

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director  
(512) 305-7800  
FAX (512) 305-7875

333 Guadalupe, Tower 3, Suite 900  
Austin, TX 78701-3900  
www.tsbpa.texas.gov

RECIPROCAL APPLICATION

REFER TO THE INSTRUCTIONS FOR COMPLETING THE RECIPROCAL APPLICATION  
COMPLETE ALL DATA FIELDS

PERSONAL INFORMATION

1. FULL LEGAL NAME (PRINT)

FIRST

MIDDLE

SOCIAL SECURITY NUMBER  
LAST

2. NAME ON CERTIFICATE (PRINT)

FIRST

MIDDLE

LAST

3. EMAIL ADDRESS:

4. MAILING ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

5. TELEPHONE NUMBER (include area code) PRIMARY SECONDARY

6. SEX  MALE  FEMALE

DATE OF BIRTH: MO DAY YR

CONFIRM BIRTH MONTH

BUSINESS INFORMATION AND ADDRESS

7. BUSINESS ADDRESS

EMPLOYER'S NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP CODE

For Board Use Only			
State from		CPE Hours	FEE \$100
Fingerprinting (date received)			

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**RECIPROCAL APPLICATION - continued**

\_\_\_\_\_

NAME

\_\_\_\_\_

SOCIAL SECURITY NUMBER

**AFFIDAVIT OF APPLICANT**

Do you presently hold a professional license of any type in any state or foreign country?  YES  NO

Have you ever been denied, revoked, or suspended from holding any type of professional license in any state or foreign country?  YES  NO

Are you a military service member, military veteran, or military spouse who holds a current license by a substantially equivalent jurisdiction and is exempt from the reciprocity fee?  YES  NO

Have you ever been arrested, charged, and/or convicted of a felony or misdemeanor, placed on probation, or granted deferred adjudication in any state or by the federal government?  YES  NO

If you answered "Yes" to any of these questions, indicate whether detailed statement is attached.  YES  NO

I hereby certify that my answers to all questions in this application are true and correct. I also acknowledge that any falsification of a government record is subject to criminal penalties.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_