

**TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY**

William Treacy, Executive Director  
(512) 305-7851  
FAX (512) 305-7875

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

**AUTHORIZATION FOR INTERSTATE EXCHANGE  
OF EXAMINATION AND LICENSURE INFORMATION**

**SECTION A: AUTHORIZATION (TO BE COMPLETED BY APPLICANT)**

This form is required for the application you are filing with the Texas State Board of Public Accountancy. Please complete Section A 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 Texas State Board of Public 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 type or print.

**LEGAL NAME** Last   
First   
Middle  Suffix

Address Line 1

Address Line 2

City  State  Zip Code

Province  Country

Primary Phone  Secondary Phone

Certificate Number

Date of Birth: Month  Day  Year

Social Security Number

I HEREBY REQUEST AND AUTHORIZE THE  BOARD OF  
ACCOUNTANCY TO PROVIDE ANY AND ALL INFORMATION REQUESTED ON THIS FORM TO THE TEXAS STATE  
BOARD OF PUBLIC ACCOUNTANCY TO COMPLETE AN APPLICATION FILED WITH THAT AGENCY.

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

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**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION – continued**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**SECTION B: VERIFICATION OF EXAMINATION GRADES (TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY)**

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this board. (Please use Section D of this form to explain if any of the grades were changed, if an exam other than the Uniform CPA Examination was used, or if there is any reason why the grades should not be accepted). **Affix the official board seal and signature to each page.** List all grades, including failing grades, recorded for applicant.

**PAPER AND PENCIL CPA EXAM INFORMATION**

| Exam Date | AICPA ID Number | Audit/AUD | Law/LPR | Theory/FAR | Practice/ARE |
|-----------|-----------------|-----------|---------|------------|--------------|
|           |                 |           |         |            |              |
|           |                 |           |         |            |              |

**COMPUTERIZED CPA EXAM INFORMATION - (Provide only the information that resulted in the awarding of credit.)**

|            | Section ID Number | Date CBT Exam Was Taken | Grade | Is Credit Active or Expired? |
|------------|-------------------|-------------------------|-------|------------------------------|
| <b>AUD</b> |                   |                         |       |                              |
| <b>BEC</b> |                   |                         |       |                              |
| <b>FAR</b> |                   |                         |       |                              |
| <b>REG</b> |                   |                         |       |                              |

1. Was the applicant ever denied admission to the examination? If yes, explain in Section D. Yes \_\_\_\_\_ No \_\_\_\_\_
2. If the applicant has not completed the CPA examination, are there any restrictions preventing the applicant from sitting in your jurisdiction? If yes, explain in Section D. Yes \_\_\_\_\_ No \_\_\_\_\_
3. Date candidate initially sat for the examination in your jurisdiction. Month \_\_\_\_\_ Year \_\_\_\_\_

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



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

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

Title \_\_\_\_\_ Date \_\_\_\_\_

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Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**SECTION C: CERTIFICATE/LICENSURE (PERMIT) STATUS** (TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY)

**Certificate as a Certified Public Accountant:**

1. The applicant holds an original/reciprocal (circle correct response) CPA certificate number \_\_\_\_\_ dated \_\_\_\_\_ which is in good standing unless otherwise noted in Section D of this form.

**License/Permit to Practice as a Certified Public Accountant** (If licensing is the responsibility of another agency, please forward and request completion of applicable section):

2. Has the applicant ever been licensed in your jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is your jurisdiction considered two-tier? Yes \_\_\_\_\_ No \_\_\_\_\_

4. The applicant holds a license/permit (circle correct response) from our board to practice as a certified public accountant for the period ending \_\_\_\_\_ and is currently in good standing in our jurisdiction. Please note any exceptions to the above statements in Section D of this form.

5. If the applicant does not hold a license/permit from your board, please indicate the requirements that must be met for issuance or reinstatement.

- \_\_\_\_\_ License/Permit not required
- \_\_\_\_\_ Pay appropriate fees and/or post bond
- \_\_\_\_\_ Complete acceptable accounting/auditing experience
- \_\_\_\_\_ Complete continuing professional education requirements
- \_\_\_\_\_ Retake the Uniform CPA Examination

Other (please specify) \_\_\_\_\_

**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** \_\_\_\_\_