

IDAHO STATE BOARD OF ACCOUNTANCY
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: isba@dopl.idaho.gov

For Office Use Only	
Batch	_____
Sequence #	_____
Date	_____
Check #	_____
Amount	_____

LICENSE RENEWAL

Check, money order, cashiers check, or cash can be accepted with this form.

On August 1st, a non-renewed license will be BOARD LAPSED and must be reinstated to practice public accounting or to use the CPA title.

License number: _____ Active \$120 Inactive \$100 Retired \$100 Lapsed - No Fee

Name: _____

Mailing Address

Alternate Address

In Care of: _____

In Care of: _____

Street 1: _____

Street 1: _____

Street 2: _____

Street 2: _____

City, State, Zip: _____

City, State, Zip: _____

E-mail Address: _____

E-mail Address: _____

Home Phone # _____ Work # _____ Cell # _____

REQUIRED - Do you or your firm provide public accounting services in Idaho or for Idahoans:

No = PRIVATE: (i.e. Licensees working in Industry, Government, or Academia)

Yes = PUBLIC If Yes - REQUIRED - Type of service provided: (check below)

Attest services offered/provided: _____ Audits _____ Reviews _____ Compilations

Firm Name: _____ (firm registration required)

Non-Peer Review Services Offered: _____ Taxes _____ Financial Statements using Safe Harbor Language

REMEMBER: Safe Harbor Statements cannot be prepared if your company does audits, reviews or compilations for any client. Tax and/or Consultation may be included with Peer Review or Non-Peer Review services.

REQUIRED - Answer Each Question:

Yes No **Have you ever:** been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor not previously disclosed (including withheld judgments) to this Board in writing? Include traffic violations if felony or misdemeanor such as speeding tickets. If yes, provide factual narrative of the situa- tion. Include date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.

Yes No **Have you had** any disciplinary action against or the denial, restriction, revocation or suspension of a license by any state or federal agency or governing or licensing board not previously disclosed since filing your last renewal form?

I certify to the truth and accuracy of statements, answers and representations made by me.

Signature of Licensee _____ Date _____