



# Arkansas State Board of Public Accountancy

101 East Capitol, Suite 450 • Little Rock, AR 72201

phone (501) 682-5532 • fax (501) 682-5538 • [www.arkansas.gov/ASBPA](http://www.arkansas.gov/ASBPA)

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## Affidavit of Understanding

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### INDIVIDUAL

I represent to the Arkansas State Board of Public Accountancy that I have decided to cease my practice of public accounting in Arkansas. I acknowledge and commit to the Board that the Certificate Number \_\_\_\_\_ is lost; however, if found, I will return this certificate to the Board. Furthermore, I will comply with the provisions of A.C.A. §17-12-106, as amended hereafter.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Date

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### FIRM

I acknowledge and commit to the Board that certificate number \_\_\_\_\_ is lost; however, if found, a member, partner, or shareholder of the firm shall return the certificate to the Board. Furthermore, each of the current members, partners, or shareholders of this firm will comply with the provisions of A.C.A. §17-12-106, as amended hereafter, regarding this firm. By executing this document on behalf of the firm, I represent that I have been authorized to make the above commitments and representation on behalf of the firm and each member, partner, or shareholder thereof.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Date