

## AFFIDAVIT FOR RETIRED CPA/PA STATUS

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Licensee's Full Name: \_\_\_\_\_  
(Type or Print in Ink)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Address: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

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I, \_\_\_\_\_, do solemnly swear (or affirm) to the Arkansas State Board of Public Accountancy that I am no longer employed because of retirement and do not intend to receive in the future any earned compensation for current personal services in any job whatsoever.

I understand that, by making this election, I cannot perform or offer to perform for the public any services as set forth in A.C.A. § 17-12-505 which include any services involving the use of accounting or auditing skills, including the issuance of reports on financial statements, any kinds of management advisory, financial advisory or consulting services, the preparation of tax returns, or the furnishing of advice on tax matters. I further certify that I have read and understand the Law and Rules of the Board.

I understand that this status does not preclude volunteer services for which I receive no direct or indirect compensation so long as I do not sign any documents related to such services as a CPA or PA.

I understand that by doing so I give up the right to use the title of certified public accountant or licensed public accountant without including "Retired" adjacent to the use of the title which includes the abbreviations CPA, PA and the word Accountant.

I further understand that to convert to an active (license to practice) or inactive license or to resume the practice of public accounting, I must file a form prescribed by the Board and submit the appropriate fee(s) for active or inactive status and comply with the Continuing Professional Education provisions of Board Rule 13.7(d) as amended.

Additionally, I understand that a violation of A.C.A. § 17-12-505 of the Accountancy Law and/or the rules of the Board relating to improperly performing services for the public and /or using my credential in the State of Arkansas shall be subject to disciplinary action by the Board pursuant to A.C.A. § 17-12-601 et seq. or § 17-12-105 et seq.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date