

ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY

900 West Capitol, Suite 400, Little Rock, AR 72201 (501) 682-1520

www.asbpa.arkansas.gov

AFFIDAVIT FOR CPE EXEMPTION AND INACTIVE CPA/PA STATUS

I, _____, hereby advise the Arkansas State Board of Public Accountancy that
(Type or Print Licensee's Full Name in Ink)

I wish to surrender my right to practice public accountancy and change my certificate from Active to Inactive status for the following reason: _____

I warrant and affirm that I have not performed or offered to perform for the public, individually or as an employee of a firm, one or more kinds of services involving the use of accounting or auditing skills, including the issuance of reports on financial statements, nor have I performed or offered to perform for the public services including preparation of tax returns or the furnishing of advice on tax matters since _____ (date must precede the period for which you are seeking exemption).

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 "Inactive" adjacent to the use of the title which includes the abbreviations CPA, PA and the word Accountant. I understand that by making this election I cannot perform or offer to perform for the public any of the services listed in the previous paragraph pursuant to A.C.A. § 17-12-505 et seq. I further certify that I have read and understand the Law and Rules of the Board.

I understand, per A.C.A. § 17-12-505 of the Accountancy Law, I must continue to renew my permanent certificate on a regular annual basis and pay the renewal fees assessed by the Board. I further understand that to convert to license to practice 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 status (license to practice) and complete the required number of Continuing Professional Education (CPE) hours set forth by the Board in Rule 13.7 as amended prior to practicing as a CPA or using the CPA title.

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

Certificate Number

Date

Street Address

City

State

Zip

Email Address

Please do not use this form to update your contact information. To update this information with the Board, please see our website at www.asbpa.arkansas.gov/licensing and follow the link for "Address Changes."