ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY 900 West Capitol, Suite 400, Little Rock, AR 72201 (501) 682-1520 www.arkansas.gov/asbpa

AFFIDAVIT FOR RETIRED CPA/PA STATUS

Licensee's Full Name: _	(Type or Print in Ir	nk)
Date of Birth: /	/	Certificate Number:
Home Address:		Home: ()
City/State/Zip:		Cell: ()
E-Mail:		— Fax: ()
work" as defined in Boassociated with accoun	ntancy that I am at least 55 years old and pard Rule 13.8(C) and do not intend to re	o solemnly swear (or affirm) to the Arkansas State not employed in a position "associated with accounting eceive in the future earned compensation for services
 2) Represent to services or j 3) Offer testime or managem 4) Serve on a I 	to the public or any other party that I a products involving accounting work; ony in a court of law, purporting to have nent services; or Board of Directors, Board of Trustees, or	ervices as set forth in Board Rule 13.8(C)(1); m a CPA or PA in connection with the sale of any expertise in accounting and reporting, auditing, tax, r in a similar governance position, unless the service ty, civic, and or not-for-profit organization.
•	cluding "Retired" adjacent to the use of	tle of certified public accountant or licensed public the title which includes the abbreviations CPA, PA
public accounting, I m	ust file a form prescribed by the Board an	ctice) or inactive license or to resume the practice of and submit the appropriate fee(s) for active or inactive provisions of Board Rule 13.7(d) if applicable.
improperly performing		ncy Law and/or the rules of the Board relating to y credential in the State of Arkansas shall be subject 2-601 et seq. or § 17-12- 105 et seq.
	Signature	