



Arkansas State Board of Public Accountancy

900 West Capitol, Suite 400 • Little Rock, AR 72201

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

Written Notification of Intent to Voluntarily Surrender Certificate/License-Firm

The firm of _____ voluntarily surrenders Arkansas Certificate Number _____ for the following reason (choose one):

We will no longer be practicing or performing accounting services in the state of Arkansas.

OR

We are no longer required to hold a license in Arkansas since we qualify for practice privilege under Arkansas Code Annotated § 17-12-401 as amended by Act 93.

(a) Our firm does not have an office in this state and may perform services under §17-12-103(a)(2)(B) or §17-12-103(a)(6) for a client having its home office in this state and may use the title “CPA” or “CPA firm” without registering.

(b) We meet the applicable qualifications of this section and §17-12-507 .

(c) We perform the services through an individual with practice privileges under §17-12-311 .

(d) We can lawfully perform the services in the state where the individuals with practice privileges have their principal place of business.

I have enclosed the original wall certificate.

If the original wall certificate is not enclosed, please complete the Affidavit of Understanding.

Signature

Date