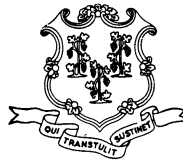


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 Board of Accountancy
 450 Columbus Blvd, Ste. 801
 Hartford, CT 06103
 Email: dcp.licensecpa@ct.gov
 Web site: www.ct.gov/dcp



For Official Use Only

CPA License Reinstatement/Reinstatement Late Renewal Application

This application is for individuals applying on or after the renewal cycle has concluded (12/31). This application must be submitted with a check or money order made payable to "Treasurer, State of Connecticut"

Check (✓) one:

Reinstatement: \$565.00. A license may qualify for reinstatement, if the licensee has not practiced public accountancy and has not used the professional designation while the license was inactive. I attest I have not practiced public accountancy and have not used the professional designation while the license was inactive.

Reinstatement Late Renewal: \$565.00 plus appropriate late fee(s). A license may qualify for late renewal, if the licensee has practiced or used the professional designation of public accountancy while the license was inactive. If you were licensed in the last calendar year AND needed to be renewed and licensed effective JANUARY 1st you are subject the following late fees: \$150.00 for the first three (3) months and \$50.00 for each additional month. I attest I have practiced public accountancy and used the professional designation while the license was inactive.

Section I: Applicant Information

First Name		Middle Name	Last Name	
Address (If using business address please state business name)				
Street Address		City	State	Zip Code
Telephone Number	Email Address (mandatory for all applicants)			Date of Birth
Social Security Number*	CT CPA Certificate Number	CT CPA License Number		

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CGS17b-137a.

Section II: CPA Certificates/Registrations/Licenses

Were you issued your Connecticut CPA Certificate via reciprocity? Yes No If Yes, indicate state: _____

Do you hold a CPA certificate/registration/license in another jurisdiction? Yes No If Yes, list **all** jurisdictions (abbreviations only):

Have you ever had a CPA certificate/registration/license surrendered, suspended, revoked, limited, denied or is any such action pending in any state or jurisdiction? Yes No If Yes, attach a statement of explanation

Section III: Background Information

Have you ever been convicted of a crime which constitutes a felony? Yes No If Yes, attach a statement of explanation

Section IV: Attestation

I, _____ declare under penalty of perjury, under the laws of the State of

 (Printed Name of Applicant)
 Connecticut, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

 Signature of Applicant

 Date

**CPA REINSTATEMENT LICENSE APPLICATION Cont.
Continuing Education Reporting**

Please complete this form in its entirety. Make as many copies as necessary.

Applicants for reinstatement must report completion of forty (40) hours of continuing education gathered in the year immediately preceding the submission of this form. A reinstatement applicant **who has not held an active license within five years** of the application is required to gather thirty-two (32) hours of continuing education out of the forty (40) hours in Accounting and Auditing subject area.

Applications applying for late renewal may be accessed a penalty for courses taken after June 30th. See website fee schedule for details.

If you are filling this form out as a late renewal, when was the last completion date of your **Ethics** credits: _____

Program Sponsor	Program Location	Program Title or Description	Date(s) Attended *entire date required (mm/dd/yy)	Program Type (see codes below)	CE Hours

Total # of hrs.

Please use the following codes to complete the Program Type Column

- I = Instructor at a CE course or program (maximum of 20 CE hrs. per year)
- P = Participant or attendee at a CE course, seminar or program S = Self Study Course (unlimited)
- A = Author credit is being claimed (maximum of 10 CE hrs. per year)
- E = Ethics course credit being claimed