



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Accountancy

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P.O. Box 11329 • Columbia • SC 29211-1329

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AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAM AND LICENSE INFORMATION

This form is essential to the Board application. Before your application will be considered for approval, certain information must be verified by the Board of Accountancy where your exam credits and/or certificate and license status were established. Please complete Section A and forward to the Board of Accountancy where credits and/or status were established. That Board, in turn, will complete Section's B, C, D, E and F and return it to the S.C. Board of Accountancy. (You are advised to check with that Board, prior to forwarding this form, to determine if there are additional requirements and/or fees charged before such information is released.)

SECTION A – APPLICANT INFORMATION

Name: _____
(First, Middle Initial, Last)

Mailing Address: _____
(Street, Apt #, City, State, Zip)

Date of Birth: _____ Place of Birth: _____

Telephone: _____ Certificate Number: _____

Email Address: _____

I hereby request the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the S.C. Board of Accountancy to complete an application filed with the agency. I agree that the State Board may confirm grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Applicant's Signature

Date Signed

THE FOLLOWING SECTION'S B, C, D, E & F MUST BE COMPLETED ONLY BY THE BOARD OF ACCOUNTANCY INDICATED ABOVE

SECTION B – VERIFICATION OF EXAM CREDITS

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. Please use Section E of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Exam was used; or if there is any reason why the grades should not be accepted). NOTE – If a separate sheet is attached, please affix your official signature and Board Seal.

List all grades, including failing grades recorded for applicant.

DATE OF EXAMINATION	AICPA ID NUMBER	AUD	BEC	FAR	REG

1. Was applicant ever denied admission to the Exam? Yes No
(If yes, please use Section E to explain)
2. If applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? (If yes, please use Section E to explain.) Yes No
3. Number of subjects with which candidate is credited, if any? Yes No
4. Date credits or grades expire, if any? Yes No

SECTION C – CERTIFICATE/LICENSE STATUS
Certificate as a Certified Public Accountant

1. Applicant holds an original reciprocal CPA Certificate, number: _____ dated: _____ which is in good standing, unless otherwise noted in Section E.
2. Individual has completed the Ethics Examination: N/A Yes No
3. Exam prepared and graded by: BOARD AICPA OTHER: _____

License/Permit to Practice Public Accounting

If licensing is the responsibility of another agency, please forward and request completion of application section.

1. Applicant holds a license/permit from this Board for the period ending _____ and is currently in good standing in this State. (Please note any exception to the above statements in Section E.)

2. Applicant does not hold a license/permit from your Board, please indicate requirements to be met for issuance or reinstatement.

License/Permit not required. _____

Pay appropriate fees and/or post bond. _____

Complete acceptable accounting/auditing experience. _____

Complete Continuing Professional Education Requirements. _____

Other (Please specify): _____

SECTION D – ADDITIONAL INFORMATION REQUESTED

SECTION E – EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED

Official Seal and Signature must be affixed to all attached sheets

SECTION F – CERTIFICATION, OFFICIAL SIGNATURE AND BOARD SEAL

The information provided herein is correct to the best of my knowledge.

Board/Agency

Official Signature

OFFICIAL SEAL

Title Date

Second Official Signature (if necessary)

Title Date