



**South Carolina Board of Accountancy**

110 Centerview Dr. • Columbia • SC • 29210

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

Phone: 803-896-4770 • Contact.Accountancy@llr.sc.gov • Fax: 803-896-4554

llr.sc.gov/acct

**REINSTATEMENT APPLICATION FOR CPA LICENSURE**

**For CPAs whose license has lapsed for fewer than three (3) years, please submit the following with your application to the above address:**

- Check or Money Order in the amount of **\$595 (\$500 reinstatement fee, \$95 one year Licensing Fee)** made payable to **LLR- Board of Accountancy** (Fees are non-refundable)  
A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.  
(If a Wall Certificate is also needed, include an additional \$20.00.)
- Copy of your valid Driver's License, State Issued ID or Passport
- Copy of your social security card
- 2x2 Passport Type Photo taken less than 6 months prior to the application
- Legal documentation of name change, if applicable
- Notarized Verification of Lawful Presence
- A CPE Report (Form 3101) with supporting documentation for forty (40) hours for each year lapsed (capped at 120 hours), completed within the previous 3 years as required by Regulation 1-06.
  - Copies of all Certificates of Completion/Attendance for CPE courses.

**For licensees whose license has been lapsed for 3 or more years prior to the application, please submit the following with your application:**

- Certificate of Experience (Form 2102) to show six (6) months of recent experience (within the 12 months preceding this application) verified by a licensed US CPA.

**Have submitted to the Board:**

- Criminal Background Check (CBC) – You will be emailed instructions on how to have your CBC processed once your application has been received. Do not have the background check processed before receiving instructions.
- License verification from another state (if applicable). If you have an active license in another state, you will need to request a license verification from that state Board.

**APPLICANT INFORMATION**

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name? ☐ Yes ☐ No Prior Name/Alias: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(THIS ADDRESS WILL BE PUBLIC INFORMATION ON THE LICENSEE LOOK-UP SITE)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Current Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(If different than above)

Address: \_\_\_\_\_

Do you do any compensated work for anyone other than your primary employer?

☐ Yes ☐ No

## EXPERIENCE

Provide a full record of your employment, since you were actively licensed. Also explain any break in employment on a separate sheet of paper. Not providing complete dates (MM/DD/YY) may delay your application. Use additional sheets if needed. A resume will not satisfy completion of this section.

NAME AND COMPLETE ADDRESS OF EMPLOYER	DATES		NATURE OF EMPLOYMENT
	FROM	TO	

What has been your occupation and job duties since you were last licensed? \_\_\_\_\_

\_\_\_\_\_

Please state your reason for requesting reinstatement of your CPA license in South Carolina: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other active, lapsed or revoked CPA licenses below (Use separate sheet if needed):

\_\_\_\_\_

If this reinstatement is due to non-renewal, please provide an explanation as to why it was not renewed in a timely manner:

\_\_\_\_\_

Have you been practicing or holding out during the period your license was inactive?

☐ Yes ☐ No

Have you completed 40 hours of qualified CPE for each year unlicensed up to 120 hours maximum in the past 3 years?

☐ Yes ☐ No

## WALL CERTIFICATE

If you will be requesting a new wall certificate, please provide the city and state to be printed on it:

\_\_\_\_\_. A \$20 fee is required to have a new certificate printed.

Did you return your certificate to the Board and would now like your original back?

☐ Yes ☐ No

## FITNESS

If you answer yes to any of the below questions, include a written explanation along with supporting documentation. (Court dispositions, background check, etc.) The Board may request additional documentation and require a Board appearance.

1. **Have you been convicted of, pled guilty or nolo contendere to a felony that has an element of dishonesty or fraud or any other crime that has an element of dishonesty or fraud, under the laws of the United States, of this State, or of any other state if the acts involved constitute a crime under state laws?** ☐ Yes ☐ No
2. Have you ever had a license to practice a regulated profession/occupation canceled, revoked, or have you been otherwise disciplined either publicly or privately by a body regulating a profession or occupation? ☐ Yes ☐ No
3. Have you become a defendant to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of gross negligence, dishonesty, fraud, misrepresentation or incompetence? ☐ Yes ☐ No
4. Are you delinquent in filing your individual income tax returns? ☐ Yes ☐ No
5. As a CPA, PA or Accounting Practitioner, have you been disciplined or disbarred from any regulatory body within the United States? ☐ Yes ☐ No

## ATTESTATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, that I have never been suspended or expelled from any professional organization. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Accountancy in South Carolina.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct.

I also certify that I have read the South Carolina Accountancy Law and Regulations and that, in submitting this application, I agree to observe faithfully all of said Laws and Regulations in accordance with Section 40-2-35(A)(4).

I hereby apply to be reinstated as a Certified Public Accountant in South Carolina and to have a certificate issued to me entitling me to be known as a Certified Public Accountant under said laws and regulations. I am aware that it may take up to six months to completely process this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_ .

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary for the State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Tape a 2 x 2  
Passport Photo  
Headshot  
(less than 6 months old)**

*(Notary Seal)*

## **PRIVACY DISCLOSURE**

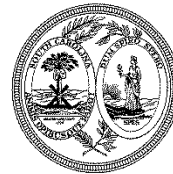
South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

**NOTE:** Your application is good for one (1) year from the date of receipt. If all required information is not received within this period; you must begin the application process from the beginning. This includes, but is not limited to, all fees, transcripts, license verifications, etc.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)