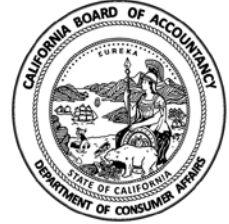




DEPARTMENT OF CONSUMER AFFAIRS
CALIFORNIA BOARD OF ACCOUNTANCY
2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
FACSIMILE: (916) 263-3675
WEB ADDRESS: <http://www.cba.ca.gov>



Criminal Conviction Disclosure
Form 11A-27 (Revised 10/13)

Purpose: To inform the CBA of any misdemeanor or felony convictions.

Applicability: Type A, B, C, D, and E applicants (see reverse).

Who Completes: Applicant completes the document in its entirety, signs and dates.

When: With submission of the Application for CPA License.

Submit To: California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, California 95815-3832

Business and Professions Code section 480.

TYPES OF LICENSURE APPLICANTS

- Type A An applicant who **passed the Uniform CPA Exam in California** and is applying for licensure as a CPA in California for the first time.
- Type B An applicant who **passed the Uniform CPA Exam in a state other than California** and has not been issued a valid license to practice public accounting in any state and is applying for licensure as a CPA in California for the first time.
- Type C An applicant who **passed the Uniform CPA Exam in a state other than California** and was issued a valid license to practice public accounting in a state other than California.
- Type D An applicant who **previously was licensed as a CPA in California** and the certificate was cancelled after five years for nonpayment of license renewal fees.
- Type E An applicant who **passed the** Canadian Chartered Accountant Uniform Certified Public Accountant Qualification Examination (**CAQEX**) of the American Institute of Certified Public Accountants (AICPA) **or** the International Uniform Certified Public Accountant Qualification Examination (**IQEX**) of the AICPA and the National Association of State Boards of Accountancy (NASBA).
- Type F A California licensee originally issued a license to perform general accounting services who has now completed attest experience.



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CRIMINAL CONVICTION DISCLOSURE FORM

(Making or giving any false statement or information in connection with an application is reason for denial of a license under Business and Professions Code section 480)

PRINT OR TYPE

1. NAME		LAST	FIRST	MIDDLE
2. ADDRESS		STREET OR BOX NUMBER	CITY	STATE
3. BIRTH DATE:		MONTH	DATE	YEAR
				ZIP CODE

4. Have you ever been convicted of any criminal offense other than a minor traffic violation? **YES** **NO**

A conviction includes the initial plea, verdict, or finding of guilt, plea of no contest, or pronouncement of sentence by a trial court, even if that conviction may not be final or sentence actually imposed, until appeals are exhausted. You also must include any conviction that arose from military service, any in which the imposition of execution of sentence was suspended, any which arose as a result of a failure to appear, an order of rehabilitation was entered, any record of conviction which was expunged, or a pardon was granted. Convictions that were later expunged from the record of the court or set aside pursuant to section 1203.4 of the California Penal Code **MUST** be disclosed. "Minor Traffic Violations" should NOT be reported. For the purposes of responding to this question, "minor traffic violations" means traffic infractions under \$1000 not involving alcohol, dangerous drugs, or controlled substances. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), or (e), or section 11360(b) which are two years or older should NOT be reported.

If the answer to number 4 is YES, provide the following details: Date of arrest, city and state where arrested, name and location of court where case was heard, details of the violation of which you were convicted, dates of imprisonment, dates of period of probation, conditions of probation, name and address of probation officer, amount of fine paid.

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form, and any attachments, are true, complete and accurate.

 (DATE)

 (SIGNATURE)

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy, (CBA) to determine qualifications for a Certified Public Accountant License. Sections 5080 through 5095 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete.

Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the CBA, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24.

Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act.

The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this application, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.