



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>



**Application for Certified Public Accountant License
Form 11A-5 (Revised 2/12)**

Purpose: To provide information required to process your application.

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

Required Action: Complete the document in its entirety, affix a 2" x 2" passport size photo, and submit with a fee of \$250, payable to the California Board of Accountancy.

When: Upon passage of the Uniform CPA Exam and obtaining requisite experience.

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

Authority: Business and Professions Code Section 5080.

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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APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANT LICENSE
APPLICATION PROCESSING FEE \$250

SECTION I – LICENSE SELECTION

- _____ A. I passed the examination as a California candidate (exclude Section III).
- _____ B. I passed the examination as a candidate of a state other than California, and I have not been issued a valid license in any state (exclude Section III).
- _____ C. I passed the examination as a candidate of a state other than California and was issued a valid license to practice public accounting in a state other than California.
- _____ D. I was once licensed in California. My certificate number was _____ . My CPA certificate was cancelled due to nonpayment of fees (exclude Section III).
- _____ E. I passed the CAQEX/IQEX examination (exclude Sections III & IV).

In this space, glue a recent 2" x 2" passport size and quality photograph showing only your head and shoulders

SECTION II – PERSONAL INFORMATION

1. Full name (no initials) _____
Last
- _____ First _____ Middle
2. List other name(s) known by _____
3. Residence address _____
Street and Number
- _____ City _____ State _____ Zip Code
4. Telephone No. (____) _____ (____) _____
Area Code Office Number Area Code Home Number
5. E-mail address (optional) _____
6. U.S. Social Security # _____ 7. Birthdate _____
8. Current occupation _____
9. Current employer's name _____
10. Employer's address _____
City _____ State _____ Zip Code

DO NOT WRITE IN THIS SPACE

License No. _____

Date Issued _____

11. CPA Exam Unique Identifier # (if applicable) _____ 12. Date CPA Exam passed _____ State _____

13. Have you ever had a professional or vocational license, permit, certificate or registration disciplined, cited or received any other form of enforcement action by this or any other state or a foreign country? (**check one**) Yes No

(IF THE ANSWER TO QUESTION 13 IS "YES" EXPLAIN FULLY, USING A SEPARATE SHEET OF PAPER)

SECTION III – OUT-OF-STATE LICENSEE INFORMATION

14. In which state(s) were you issued a CPA or PA license, permit, certificate, or registration? _____
 CPA Certificate/License No(s). _____
 Date(s) CPA Certificate/License(s) Issued _____

SECTION IV – EDUCATION

List all schools attended after high school	Indicate No. of Years Attended			(check one)	
	Junior or Community College	4-year College or University	Business School	Degree Obtained?	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SECTION V – PATHWAY CHOICE

Select a licensure pathway (check one)

<input type="checkbox"/>	Pathway 1 – with attest experience – requires 24 months of experience.
<input type="checkbox"/>	Pathway 1 – without attest experience – requires 24 months of experience.
<input type="checkbox"/>	Pathway 2 – with attest experience – requires 12 months of experience.
<input type="checkbox"/>	Pathway 2 – without attest experience – requires 12 months of experience.

SECTION VI – EXPERIENCE

List below, in chronological order, all public and nonpublic experience for which you will have a General or Attest Certificate of Experience submitted. You are responsible for providing each supervisor with a Certificate of Experience for completion. The supervisor must return the General or Attest Certificate of Experience directly to the California Board of Accountancy.

Experience – List the employers who will be submitting a General or Attest Certificate of Experience.					
POSITION	(Dates)		EMPLOYER	Public (P) Nonpublic (NP)	MAILING ADDRESS
	FROM	TO			

OUT-OF-STATE CPA LICENSEES ONLY: For self-employment experience, submit a schedule listing the following information: (1) Names and addresses of your clients. (2) A brief description of the type of services rendered to the client. (3) Dates services performed.

SECTION VII – CERTIFIED TRUE STATEMENT

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 all attachments, are true, complete, and accurate.

Date _____ Signature _____

NOTICE: Effective July 1, 2012, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the CBA. You are required to pay your state tax obligation and your license may be suspended or your renewal application denied if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy, 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 Board, 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.