

**SOUTH DAKOTA BOARD OF ACCOUNTANCY**

301 E 14th Street Suite 200  
Sioux Falls, SD 57104  
(605) 367-5770

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND  
LICENSURE INFORMATION**

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This form is essential to the application you are filing with this Board. Before approval of your application, the Accountancy Board must verify your examination credits and/or certificate and license status. Please complete the initial portion of this form and then forward it to the appropriate Board of Accountancy. That Board, in turn, will complete the remainder of this form (Sections A-D) and return it to this agency. You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.

**TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):**

Mr/Ms \_\_\_\_\_  
First Name Middle Name Last Name Maiden Name

\_\_\_\_\_  
Current Mailing Address Certificate Number (if applicable)

\_\_\_\_\_  
City State Zip + Four Telephone Number (During business hours)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ E-Mail \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature Date Signed

**SECTIONS A THROUGH D ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY:**

**SECTION A: VERIFICATION OF EXAMINATION 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. Please use Section D 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. If a separate sheet is attached, please affix official signature and Board Seal to it also.

| Date of Examination | AICPA I.D. Number | AUD Auditing & Attestation | LPR/BEC BusEnv&Concept | FARE/FAR Theory | ARE/REG Practice |
|---------------------|-------------------|----------------------------|------------------------|-----------------|------------------|
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1. Was the applicant ever denied admission to the exam? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please use Section D of this form to explain.
2. If the applicant has not completed the CPA exam, are there any restrictions preventing him/her from sitting in your state? If yes, use Section D to explain. Yes \_\_\_\_\_ No \_\_\_\_\_.
3. If the candidate has not passed all parts of the CPA exam, but has conditioned, indicate below the expiration date of parts passed for which credit has been given.

Date credits expire \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ N/A

**SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS**

Certificate as a Certified Public Accountant:

1. The applicant was granted an original/reciprocal (highlight one) CPA certificate number \_\_\_\_\_ issued on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ which is in good standing unless otherwise noted in Section D of this form.
2. The individual has completed an ethics exam. Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Exam prepared and graded by: Board \_\_\_\_\_ AICPA \_\_\_\_\_ Other \_\_\_\_\_ Date passed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade \_\_\_\_\_

License/Permit to practice public accounting:

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

3. \_\_\_\_\_ Yes \_\_\_\_\_ No This state is a two-tier state.
4. \_\_\_\_\_ Yes \_\_\_\_\_ No The license/permit from this Board is in good standing and expires on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.
5. \_\_\_\_\_ Yes \_\_\_\_\_ No The applicant is currently licensed to engage in the practice of public accounting, including attest.
6. \_\_\_\_\_ Yes \_\_\_\_\_ No Has there ever been any disciplinary action instituted against the applicant? If yes, explain in Section D.
7. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:  
 \_\_\_\_\_ License/Permit not required  
 \_\_\_\_\_ Pay appropriate fees and/or post bond  
 \_\_\_\_\_ Complete acceptable accounting/auditing requirements  
 \_\_\_\_\_ Complete continuing professional education requirements  
 \_\_\_\_\_ Other: (please specify) \_\_\_\_\_

**SECTION C: ADDITIONAL INFORMATION REQUESTED**

1. Does your Board issue reciprocal CPA certificates to residents of South Dakota? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED** - (Official Seal and signature must be affixed to the attached sheets if needed to respond to this inquiry)

The information provided herein is correct to the best of our knowledge

OFFICIAL  
BOARD  
SEAL

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title