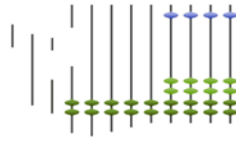


Notification of a Reportable Event



Board of Accountancy  
WASHINGTON STATE

**CONTACT INFORMATION**

Name: \_\_\_\_\_ License/Certificate/Registration Number: \_\_\_\_\_

Address: *(Street, City, State or Province, Zip code, and Country)*

\_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_

Firms Only - Contact Individual *(Please Print)*: \_\_\_\_\_

**CHECK THE APPROPRIATE BOX(S)**

- A sanction, order, suspension, revocation, or modification of license, certificate, permit or practice rights by:  
 SEC  PCAOB  IRS  State *(indicate which state)* \_\_\_\_\_ State Board of Accountancy
- Copy of Sanction/Order is attached (required). Date of Sanction/Order: \_\_\_\_\_
- Charges that the licensee, certificateholder, non-licensure firm owner, or firm committed a prohibited act that would be a violation of Board ethical or technical standards:  
 SEC  PCAOB  IRS  State *(indicate which state)* \_\_\_\_\_ State Board of Accountancy
- Federal, State, Other Regulatory Body, or non-governmental professional Standard Setting body: \_\_\_\_\_  
*(Organization)*
- Copy of charging documents is attached (required). Date of Charges: \_\_\_\_\_
- Reportable event because the Washington State license issued through the foreign reciprocity provisions of RCW 18.04.183.

**CERTIFICATION OF:**  Reporting Individual  Reporting Firm

I certify under the laws of the state of Washington to the truth and accuracy of all statements made in this notification.

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Email to: [investigations@acb.wa.gov](mailto:investigations@acb.wa.gov)  
Mail to: PO Box 9131, Olympia, WA 98507

THE BOARD ADVISES YOU TO KEEP COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. The information you submit to the Board *may* ultimately be subject to disclosure as a public record.