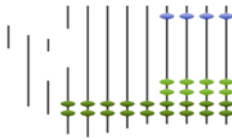


**Request to Transfer Exam and Licensure Information to Washington State**



**Board of Accountancy**  
WASHINGTON STATE

**CONTACT INFORMATION**

Your Full Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_  
(Last, First, Middle, Suffix)

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

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**REQUEST AND AUTHORIZATION**

The \_\_\_\_\_ Board of Accountancy may provide any and all information requested in this form to the Washington State Board of Accountancy. I agree that the State Board may confirm the grades issued to me by the AICPA Advisory Grading Service.

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

**VERIFICATION OF EXAMINATION CREDITS (To be completed by other State Board)**

Provide all Uniform CPA examination(s) grades reported by the AICPA Advisory Grading Service and approved, unchanged, by this Board. Include failing grades, and complete the following information.

Candidate I.D. Number	Date of Examination	Audit Score	BEC/LPR/Law	FAR/FARE/Theory	REG/ARE/Practice
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The individual named above: YES NO  
 • Holds an original certificate/license to practice public accounting which is in good standing.....

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

• Has completed an ethics exam. ....    
 Completed and scored by:  AICPA  Board  Other Score: \_\_\_\_\_ Date: \_\_\_\_\_

• Has had disciplinary action against them from your Board. ....

If yes, please explain: \_\_\_\_\_

**OTHER STATE BOARD CERTIFICATION**

Board or Agency Name: \_\_\_\_\_

I certify that the information on this form is true and accurate.

**Official Seal**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Applicant:** Mail to: The state where you sat for the CPA Exam.  
**Other State Board:** Mail to: PO Box 9131, Olympia, WA 98507

Phone: (360) 753-2586

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.