MONTANA BOARD OF PUBLIC ACCOUNTANTS

301 South Park
PO BOX 200513
HELENA, MONTANA 59620-0513
PHONE: (406) 841-2389 FAX: (406) 841-2323 EMAIL: dlibsdpac@mt.gov
WEBSITE: www.publicaccountant.mt.us

CERTIFICATE OF GOOD MORAL CHARACTER

(Reference must have known you at least THREE YEARS)

Name of Applicant: _____

This is to certify that I have been personally acquainted with the above-named applicant for _____ years, I believe him/her to be of good moral character, and I hereby recommend him/her to the Montana Board of Public Accountants as entirely worthy to be granted a certificate as a Certified Public Accountant or license as a Licensed Public Accountant under Title 37, Chapter 50,Montana Code Annotated.

Signature: _____ Date: _____

Name: _____ Position: _____

Address: _____

Remarks:

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INSTRUCTIONS FOR APPLICANT: <u>Three (3)</u> Certificates of Good Moral Character are required with your original application for certification by examination, transfer of grades, transfer of licensure or international reciprocity.