

RENEWAL APPLICATION

MONTANA BOARD OF PUBLIC ACCOUNTANTS
301 SOUTH PARK
PO BOX 200513
HELENA MT 59620-0513
(406) 841-2383

OFFICE USE ONLY

License No. _____
Renew Date: 12/31/_____
Status: Inactive

CERT/LICENSE NO.: _____

NAME: _____

EMPLOYER/FIRM NAME: _____

Employer Address: _____

City State Zip Country

Home Address: _____

City State Zip Country

Preferred Mailing Address is: Home _____ or Employer _____

Please indicate Social Security number, if issued - - -

E-mail Address: _____

Professional Category:

___ Public Accounting ___ Private Industry ___ Government ___ Education ___ Other (Specify) _____

Your Certificate/License expires December 31st. Termination is provided by Section 37-1-141, MCA for failure to renew.

I hereby apply for renewal of my Certificate/License. I understand that I cannot offer any public accounting services to the public nor hold myself out of the public as a CPA or LPA while on Inactive Status.

The fee is \$45.00 (\$90.00 if postmarked after December 31). DO NOT SEND CASH.

If you intend to reinstate your Permit to Practice, you must comply with the CPE requirements. Please contact the board office for further information.

MILITARY EXEMPTION: Section 37-1-138, MCA, provides for activated military reservists to defer the collection of license fees, continuing education requirements, and the suspension of certain disciplinary actions for persons in military service who affirmatively request that their license be placed on inactive status. Therefore, upon receipt of a copy of the reservist's orders to Federal active duty and submission of this completed form, the board will place such person's license on Inactive Reserve status.

The question below on legal or disciplinary actions should also include an actions instituted against your firm.

 YES **NO** **Have any legal or disciplinary actions been instituted against you since your renewal?** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires the reporting of this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: _____ Date: _____

INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED.

Check here if your address has changed since you last renewed