CERTIFICATION OF OUT-OF-STATE LICENSURE AND EXAMINATION GRADES

APPLICANT INSTRUCTIONS

1. Complete Section I in ink. Be sure to enter your name exactly as it appears on your Licensure Application (Form 1) and sign and date the appropriate authorization in item #8.
2. Send this form to the appropriate state, province or country as directed in the instructions. Be sure to include any fee required. Examination grades must be transferred from the jurisdiction in which the examination was taken. Endorsement applicants must have a Form 3 submitted from each state where a license was granted.

SECTION I: APPLICANT INFORMATION

1. Social Security Number

2. Birth Date

3. Print full name exactly as it appears on your Licensure Application (Form 1)

4. Mailing Address (You must notify the Department promptly of any address or name changes.)

5. Telephone/E-Mail Address

6. If you entered a licensing examination in the United States using a different name, enter that name below:

7. If licensed by examination in the United States, give state or territory:

8. Enter name of state licensing authority:

   I request and give permission to the licensing authority named above to complete the information on this form and send any documentation requested including that requested on this form to the New York State Education Department.

   Check appropriate boxes:
   
   [ ] I hereby make application for the transfer of credit for subjects passed in the UNIFORM CPA EXAMINATION.
   
   [ ] I am a licensed certified public accountant of your state, province or country.

   Signature: ____________________________ Date: _______ / _______ / _______

   License number: ______________________ Date issued: _______ / _______ / _______
SECTION II : CERTIFICATION OF GRADES
INSTRUCTIONS TO LICENSING AUTHORITY: The properly authorized officer of the state in which the subjects of the examination were passed must complete Section II and III, sign and date the certification and return this form directly to the Office of the Professions. This form will not be accepted if returned by the applicant. A complete history of the applicant's examination sittings, by subject, is essential. (If the reported grade is different from an initial grade, indicate by asterisk and explain below the reason for change in grade.) New York State regulations prior to December 2003 include a credit retention limitation.

This is to certify that __________________________ sat ___________ times for the certified public accountancy examination(s) in the State of __________________________. The grades were as follows:

<table>
<thead>
<tr>
<th>Paper Pencil</th>
<th>Accounting &amp; Reporting</th>
<th>Auditing</th>
<th>Bus Law/Prof Res</th>
<th>FARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT</td>
<td>Regulation</td>
<td>Auditing &amp; Attestation</td>
<td>Business Environment &amp; Concepts</td>
<td>Financial Accounting &amp; Reporting</td>
</tr>
<tr>
<td>Date and Grade</td>
<td>Date and Grade</td>
<td>Date and Grade</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The applicant has been credited with the subject(s) of __________________________ in this State. If there is a reason why you would not recommend the New York State Board give consideration to acceptance of these grades, please explain:

___________________________________________________________________________________________________________________

The above grades are recorded as a result of this applicant having passed a written examination: (check one of the following)

☐ 1. Prepared and graded by the American Institute of Certified Public Accountants.
☐ 2. Prepared and graded by this licensing authority.
☐ 3. Prepared by the American Institute of Certified Public Accountants and graded by this licensing authority.
☐ 4. Prepared and graded by the American Institute of Certified Public Accountants but regraded by this licensing authority.
☐ 5. Other (describe)

Our passing grade is ___________%

SECTION III : CERTIFICATION OF LICENSURE
INSTRUCTIONS TO THE LICENSING AUTHORITY: Please complete this section and sign and date the certifying statement. This form must be returned directly to the Office of the Professions at the address at the end of the form. This form will not be accepted if returned by the applicant.

The applicant holds: (check one) ☐ an original certificate ☐ A certificate issued by endorsement or reciprocity

Certificate or License Number: __________________________ Date issued: _______ / _______ / _______

1. Is the applicant currently registered to practice? ☐ Yes ☐ No

2. Was there ever any disciplinary action against this license? ☐ Yes ☐ No

If so, please explain ________________________________________________________________________________________________

3. Are there any disciplinary charges pending against this license? ☐ Yes ☐ No

If so, please explain ________________________________________________________________________________________________

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above, this licensing authority has never taken any disciplinary action against this person and that, in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct except as noted in questions 2 and 3 above.

Signature: __________________________ Date: _______ / _______ / _______

Print name: __________________________

Name of licensing authority: __________________________

Title or official position: __________________________

Telephone: __________________________ Fax: __________________________

E-mail: __________________________

(SEAL OF LICENSING AUTHORITY)

RETURN DIRECTLY TO: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, CPA Unit, 89 Washington Avenue, Albany, NY 12234-1000.

February 2004

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