



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey State Board of Accountancy  
124 Halsey Street, 6th Floor, P.O. Box 45000  
Newark, New Jersey 07101  
(973) 504-6380



## **Instructions for Candidates Seeking Certification by Endorsement**

Applicants applying from a jurisdiction with a two- or three-tiered licensing system must be licensed as a certified public accountant and be eligible to perform attest engagements in order to qualify for licensure in New Jersey.

1. Complete the cover form.
2. Complete all sections of the application form. Sign and date the form in the presence of a notary. You must list all of the jurisdictions in which you now hold or have held a C.P.A. license.
3. Forward the Verification of State License form to every state in which you are currently and/or were formerly licensed with instructions to return the form directly to the New Jersey Board's office. Check with the office of each state board to see if there is a fee for this service.
4. Complete the Request for Criminal History Record Information form as follows: Fill in only your legal name, address (including ZIP code), date of birth, sex, race, and Social Security number. Enter your signature and date next to the X on the last line at the bottom of the form.
5. Enclose a check or money order in the amount of \$75.00 payable to the New Jersey State Board of Accountancy for the application fee. Note: Application fees are not refundable. Once your application has been approved, you will be sent a billing statement indicating the cost of an initial license.
6. Return the completed application package in a flat envelope (do not fold papers) to:

**New Jersey State Board of Accountancy  
P.O. Box 45000  
Newark, NJ 07101**



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1. I am a (an):

- CPA examination successful candidate
- Applicant by endorsement, certified in the State of \_\_\_\_\_

2. Name (legal) to appear on my certificate/license:

\_\_\_\_\_

3. Current home address:

\_\_\_\_\_

Street County

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City State ZIP code

4. Home telephone number: \_\_\_\_\_ (include area code)

5. Business telephone number: \_\_\_\_\_ (include area code)

6. Email address: \_\_\_\_\_

7. Signature of applicant: \_\_\_\_\_

8. Date: \_\_\_\_\_

9. List of all employment:



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Attach a clear, full-face passport-style photograph (2" x 2") of your head and shoulders, taken within the past six months. A photo is required with each application.

Do not use staples to attach the photo. Put your signature across the bottom of the photograph. Do not obscure your features.

Put a check mark in the box next to the way you intend to apply for licensure in New Jersey.

- Exam (fee goes to C.P.A. Exam Services)
- Reciprocity (\$75.00) (The applicant holds a license issued in another jurisdiction.)
- Transfer of grades from another jurisdiction. (\$75.00) (The applicant is not licensed as of yet.)

## Application for Licensure as a Certified Public Accountant

Date of birth: \_\_\_\_\_

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

A nonrefundable application filing fee (see box above to the right) in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. You are, however, required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### Personal Information

1. Name  Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  

Last name
First name
Middle initial
Maiden name

2. Address  Home: \_\_\_\_\_  

Street or P.O. Box
City
State
ZIP code
County
  
 \_\_\_\_\_  

Telephone number (include area code)
E-mail address

Business/Practice address: \_\_\_\_\_  

Name of company
Telephone number (include area code)
  
 \_\_\_\_\_  

Street
City
State
ZIP code
County

Mailing: \_\_\_\_\_  

Street or P.O. Box
City
State
ZIP code
County

Please provide your home or business fax number. \_\_\_\_\_  

(include area code)

3. Social Security Number

You **must** disclose your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  Yes  No
  - (1) If "Yes," are you in arrears in payment of said obligation?  Yes  No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?  Yes  No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  Yes  No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?  Yes  No
- d. Are you the subject of a child-support-related arrest warrant?  Yes  No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

6. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)  Yes  No

7. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.  Yes  No  
 If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Have you previously applied for a license or certificate as a certified public accountant in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No  
 If "Yes," when and where? \_\_\_\_\_

9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No  
 If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

10. Have you ever been disciplined or denied a certified public accountant's license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

13. Have you ever been named as a defendant in any litigation related to the practice of accounting or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

14. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

16. Have you ever been sanctioned by, or is any action pending before, any employer, association, society, or other professional group related to the practice of accounting or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 11 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

## Education

1. What is the name and address of the high school you attended? \_\_\_\_\_  
Name of high school

\_\_\_\_\_

Street address City State ZIP code

2. What years did you attend high school? \_\_\_\_\_

3. Did you graduate from high school?  Yes  No

If "Yes," what was the date of your graduation? \_\_\_\_\_

If "No," did you study to receive a G.E.D. certificate?  Yes  No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

\_\_\_\_\_

Name of educational institution

\_\_\_\_\_

Street address City State ZIP code

Date certificate was issued: \_\_\_\_\_  
Month Day Year

4. What is the name and address of the colleges or universities you have attended?

\_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

\_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

\_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

\_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

5. List all of the degrees that you have received from recognized colleges or universities.

<b>Educational institution</b>	<b>Inclusive years</b>	<b>Degree, Diploma or Certificate</b>	<b>Major</b>	<b>Date granted</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Experience

Please list the experience you have acquired. Provide the information about your current (or most recent) employment first.

**(1) Employer** \_\_\_\_\_  
Address \_\_\_\_\_  
Street address City State ZIP code

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Telephone number \_\_\_\_\_  
(include area code)

Title of your position \_\_\_\_\_ Hours per week \_\_\_\_\_

Immediate supervisor's name and title \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary)

**(2) Employer** \_\_\_\_\_  
Address \_\_\_\_\_  
Street address City State ZIP code

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Telephone number \_\_\_\_\_  
(include area code)

Title of your position \_\_\_\_\_ Hours per week \_\_\_\_\_

Immediate supervisor's name and title \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary)

**(3) Employer** \_\_\_\_\_  
Address \_\_\_\_\_  
Street address City State ZIP code

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Telephone number \_\_\_\_\_  
(include area code)

Title of your position \_\_\_\_\_ Hours per week \_\_\_\_\_

Immediate supervisor's name and title \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary)

**(4) Employer** \_\_\_\_\_  
Address \_\_\_\_\_  
Street address City State ZIP code

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Telephone number \_\_\_\_\_  
(include area code)

Title of your position \_\_\_\_\_ Hours per week \_\_\_\_\_

Immediate supervisor's name and title \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary)

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_ }  
County of: \_\_\_\_\_ } *ss.*

I, \_\_\_\_\_, in making this application to the New Jersey State Board of Accountancy for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Accountancy, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:2B-42 et seq., together with the Rules and Regulations of the New Jersey State Board of Accountancy, N.J.A.C. 13:29, and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public







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## Verification of State License

To be completed by every jurisdiction in which the applicant holds a C.P.A. License or Certificate.

To the applicant:

Complete this section of the form and mail the form to the licensing board of each state where you currently have or have ever held a professional or occupational license. You may duplicate this form if necessary.

\_\_\_\_\_

Print full name in which license or certificate is held

\_\_\_\_\_

\_\_\_\_\_

License or Certificate number
Date issued
Date of birth

I hereby authorize the State of \_\_\_\_\_ to release all of the information in its files concerning my license or certificate and any actions or pending actions against my license or certificate to the New Jersey State Board of Accountancy.

\_\_\_\_\_

Signature
Date

### Section to be completed by the state in which the license is held.

\_\_\_\_\_

Name of state verifying license
Name of Certified Public Accountant

\_\_\_\_\_

License number
Date issued
Expiration date

The licensee holds:

An original license or certificate

Examination history -

Date of examination	Theory	Law	Auditing	Practice	AICPA ID number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

A license or certificate issued by endorsement/reciprocity from the State of \_\_\_\_\_

1. Is the license or certification held by the above-named individual in good standing?  
(If "No," please attach the details and certified copies of any orders.)  Yes  No
2. To your knowledge, has this individual ever been disciplined by your board or any other regulatory agency? (If "Yes," please attach the details and certified copies of any orders.)  Yes  No
3. Is there presently or has there been in the past a disciplinary proceeding against this licensee?  Yes  No

Please supply any additional comments or information that the Board should consider prior to determining this applicant's eligibility for licensure or certification.

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**Certification of Licensing Authority**

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I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual named on this form.

\_\_\_\_\_  
Name of Board

\_\_\_\_\_  
Name of person completing form (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return the completed form directly to:**

New Jersey State Board of Accountancy  
P.O. Box 45000  
Newark, New Jersey 07101

# REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

## COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

Division of Consumer Affairs  
New Jersey State Board of Accountancy  
PO Box 45000  
Newark, NJ 07101

ASSIGNED IDENTIFIER (ORI Number)

REQUESTING AGENCY USE ONLY

NAME (Including Maiden Name)

SBI NUMBER (If Known)

\_\_\_\_\_  
(Last Name) (Maiden Name) (First Name) (Middle)

ADDRESS

FBI NUMBER (If Known)

\_\_\_\_\_  
(Number) (Street) (City) (State)

DOB  _____ (Month) (Day) (Year)	SEX	RACE	SOCIAL SECURITY NUMBER
--	-----	------	------------------------

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

N.J.S.A. 45:1-21

(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

Michela Ross, Executive Director

Type or Print Name of Authorized Person Making Request



Signature of Authorized Person Making Request

### AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

**Supervisor, State Bureau of Identification:**

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to New Jersey State Board of Accountancy.  
(Insert name of agency you authorize to receive this information.)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

**X**

Signature of Applicant

Date