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 Transfer of Grades

Individuals who passed the Uniform CPA Examination in a state other than New Jersey or who gained conditional credits in similar fashion are required to submit an original application to the New Jersey State Board of Accountancy.

1. Complete the cover form.

2. Complete all sections of the application form. Sign and date the form in the presence of a notary.

3. Forward the Application for Transfer of Uniform CPA Examination Grades to the state in which you passed all or part of the Uniform CPA Examination.

4. Academic Qualification: Create an account and submit the Academic Evaluation for Certification Report (AECR) application online at the following link: http://mycpalicense.org. Official transcripts must be mailed to the address provided upon payment for the AECR application. NASBA Licensing Services will review your transcripts and mail a letter to you with the results of the evaluation. Upon receipt, you are to forward the original letter to the New Jersey State Board of Accountancy.

5. Statement of Experience: Experience must be gained under the supervision of a C.P.A. who is responsbile for the supervision, evaluation and review of the candidate. The supervising C.P.A. must hold a current license issued by this Board or by another state board of accountancy. You are required to provide the Board with proof of a minimum of one year of employment (full-time: 5-day work week with a minimum 35 hours per week) or two years (consecutive, part-time: no fewer than 20 hours per week) obtained after you received your Bachelors Degree. The statement of experience must be filled out completely in the applicable sections by your direct supervisor, signed by your direct supervisor (***not by personnel***), and must be notarized. Each statement of experience must be accompanied by a letter of transmittal.

6. 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.

7. Enclose a notarized statement with your application citing the reason you did not attain certification in the state in which you passed all of the Uniform CPA Examination.

8. Enclose a check or money order in the amount of $75.00 payable to the New Jersey State Board of Accountancy. ***Note: Application fees are not refundable.*** Once your application has been approved, you will be sent a billing for the cost of an initial license.

9. Return the completed application package in a flat envelope (***do not fold papers***) to:

New Jersey State Board of Accountancy
PO Box 45000
124 Halsey Street, 6th floor
Newark, NJ 07101

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

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

   _____
   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:

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.

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

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)
- ☐ Endorsement ($75.00) (The applicant holds a license issued in another jurisdiction.)
- ☐ Transfer of grades from another jurisriction. ($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 proivde 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

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.

Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted

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: _____ } *ss.*

County of: _____

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. 13:29-1.1 through 13:29-6.12, 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

Affix seal here

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

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

Application for Transfer of Uniform CPA Examination Grades

This form is essential to the application you are filing with the New Jersey State Board of Accountancy. Before your application will be considered for approval, certain information must be verified by the Board where your examination credit was earned. Please complete the information below and forward the form to the Board in the state in which you originally received credit. The Board, in turn, will complete the back of this form and return it to the New Jersey State Board of Accountancy. You are advised to check with that Board before forwarding this form to determine if there are additional fees charged before such information will be released.

To be completed by the applicant

(Please print clearly.)

☐ Mr.
☐ Mrs. _____ (_____)
☐ Ms.

Last name | First name | Middle initial | Maiden name

Address _____

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

_____*(include area code)*
Telephone number

Social Security Number

*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.

To complete the application for New Jersey, I hereby request the _____ (Board in which you obtained credit) Board of Accountancy to provide all pertinent information requested in this form to the New Jersey State Board of Accountancy. I agree that the Board may confirm the grade(s) issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

_____ _____
Applicant's signature | Date

Verification of Examination

All grades including failing grades earned on the Uniform CPA Examination by this applicant, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board, are listed below:

Date of examination	Candidate ID#	Audit (Auditing)	LPR (Law)	FARE (Theory)	ARE (Practice)

1. Subjects with which candidates has credit: _____

2. Date credits/grades expire:_____

This information provided above is correct to the best of my knowledge. We ☐ do ☐ do not recommend acceptance of these grades.

_____
Board / Agency

Affix
Board / Agency
seal

_____
Print name

_____
Signature

_____
Title

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 to Supervisors

The enclosed Statement of Experience has been designed to simplify evaluation of a certified public accountant (C.P.A.) candidate's experience in public accounting, industry or government.

Please complete this form carefully. To the best of your ability, please indicate in the appropriate column the percentage of the time spent by the candidate in any applicable area. The percentage column in each section must total 100%.

In addition, feel free to use additional sheets to list or relate any other experience which may not have been covered on the form.

Full-time employment is considered to be a 5-day work week with 35-40 hours per week, excluding overtime. Part-time experience is considered to be a 5-day work week with no fewer than 20 hours per week. An average of part-time work will not be accepted.

You must hold or have held a current license issued by this Board or by another state board of accountancy. (A copy of the active license of the C.P.A. verifying the experience must be included it certified outside the state of New Jersey.)

The Board thanks you for your cooperation in its efforts to ensure that candidates for certification meet the statutory requirements to practice as a C.P.A. in the State of New Jersey.

Note

A letter of transmittal (i.e., a cover letter on company letterhead referencing the enclosed form an explaining the reporting relationship between the applicant and the individual that signed the form) must accompany the Statement of Experience.

Enclosures

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

Statement of Experience

This form is to be completed by the candidate's supervisor and mailed directly to the board at the address given above.

Only ***one*** Statement of Experience (S.O.E.) is required to verify the applicant's one year of experience. Additional S.O.E.s are only required to fulfill the one year of required experience.

Is the applicant applying: (check one) ☐ By Examination ☐ By Transfer of Grades

Full name of applicant _____
First Middle Last

Address _____
Street City State ZIP code

Experience Record: N.J.S.A. 45:2B-51 sets forth the general criteria for fulfilling the experience requirements. Board regulations require that experience must be obtained either through regular full-time employment, or part-time experience acquired within two consecutive years and in no fewer hours than the number of hours required for full-time experience. All experience must be earned after acquiring a baccalaureate degree.

Name of employer: _____

Period of Supervision -

From	To	Approximate number of hours per week
_____ (month/day/year)	_____ (month/day/year)	_____
_____ (month/day/year)	_____ (month/day/year)	_____
_____ (month/day/year)	_____ (month/day/year)	_____

Applicant's job classification while under your supervision -

From	To	Job classification
_____ (month/year)	_____ (month/year)	_____
_____ (month/year)	_____ (month/year)	_____
_____ (month/year)	_____ (month/year)	_____

Is the applicant related to you? ☐ Yes ☐ No (If "Yes," explain the relationship.)

_____

Check each of the following items in the appropriate box, and also give the approximate percentage of time the applicant spent in each category (i.e., auditing & accounting, tax services, etc.). Experience obtained by the applicant must demonstrate intensive, diversified application of accounting or auditing principles and procedures.

I. Public Accounting Experience

A. Auditing & Accounting	% of time	Do Not Write in this column
☐ Review and testing of internal accounting controls	_____	_____
☐ Verification of accounts receivable	_____	_____
☐ Review of inventory procedures and verification of physical inventory	_____	_____
☐ Testing inventory valuation and pricing	_____	_____
☐ Review of client bank reconciliations	_____	_____
☐ Testing fixed asset cost and depreciation	_____	_____
☐ Testing prepaid, intangible and deferred charges	_____	_____
☐ Review and verification of accounts payable and accruals	_____	_____
☐ Search for unrecorded liabilities	_____	_____
☐ Analysis and verification of changes in equity accounts or fund balances	_____	_____
☐ Application of analytical review procedures	_____	_____
☐ Testing of revenue and purchases cut-off	_____	_____
☐ Review of significant subsequent events	_____	_____
☐ Review of pertinent legal documents	_____	_____
☐ Design and use of computer audit tools	_____	_____
☐ Compilation of financial statements	_____	_____
☐ Review of financial statements	_____	_____
☐ Drafting of financial statements	_____	_____
Subtotal	_____ %	_____

B. Tax Services		
☐ Preparation of tax returns	_____	_____
☐ Review of financial statement tax provisions and tax accruals	_____	_____
☐ Research in tax law, tax planning for clients	_____	_____
Subtotal	_____ %	_____

C. Management Services		
☐ Design and installation of accounting cost and other computer systems	_____	_____
☐ Other management advisory services	_____	_____
Subtotal	_____ %	_____

D. Bookkeeping Services		
☐ Maintaining the books of original entry	_____	_____
☐ Preparation of payroll tax returns	_____	_____
☐ Posting to general and subsidiary ledgers	_____	_____
Subtotal	_____ %	_____

E. Other Services		
☐ Attach detailed description of work performed	_____	_____

Percentage column must total <u>100%</u> _____ % _____

II. Experience other than in public accounting

A. Private Industry	% of time	Do Not Write in this column
Internal Audit Department—check appropriate boxes below		
☐ Review and testing of internal accounting controls	_____	_____
☐ Verification of accounts receivable	_____	_____
☐ Review of inventory procedures and verification of physical inventory	_____	_____
☐ Testing inventory valuation and pricing	_____	_____
☐ Review of company bank reconciliations	_____	_____
☐ Testing fixed asset cost and depreciation	_____	_____
☐ Testing prepaid, intangible and deferred charges	_____	_____
☐ Review and verification of accounts payable and accruals	_____	_____
☐ Search for unrecorded liabilities	_____	_____
☐ Analysis and verification of changes in equity accounts or fund balances	_____	_____
☐ Application of analytical review procedures	_____	_____
☐ Testing of revenue and purchases cut-off	_____	_____
☐ Review of significant subsequent events	_____	_____
☐ Review of pertinent legal documents	_____	_____
☐ Design and use of computer audit tools	_____	_____
☐ Preparation of financial statements in accordance with GAAP	_____	_____
☐ Preparation of financial plans, budget or projections in accordance with GAAP	_____	_____
☐ Preparation of trial balances, adjusting journal entries and analysis of accounts	_____	_____
☐ Taking and evaluating physical inventories	_____	_____
☐ Maintaining books of original entry, including general and subsidiary ledgers	_____	_____
☐ Preparation of payroll tax returns	_____	_____
☐ Preparation of income tax returns	_____	_____
☐ Other—attach detailed explanation of work performed	_____	_____
Percentage column must total 100%	_____ %	_____

B. Government (complete grade level information on page 4)		
☐ General accounting, including preparation of trial balances, analyses of accounts and preparation of financial statements	_____	_____
Employment with a government auditor's office or internal auditing unit which includes:		
☐ Application of auditing procedures and techniques in accordance with general accepted auditing standards	_____	_____
☐ Experience in the preparation of audit work-papers	_____	_____
☐ Experience in developing audit programs and procedures	_____	_____
☐ Field auditor for state tax returns	_____	_____
☐ Other—attach detailed explanation of work performed	_____	_____
Percentage column must total 100%	_____ %	_____

C. Internal Revenue Service (complete grade level information on page 4)		
☐ Employment as field agent	_____	_____
☐ Other—attach detailed explanation of work performed	_____	_____
Percentage column must total 100%	_____ %	_____

Please indicate the following information for government or Internal Revenue Service experience:

Grade Level	Months employed at this level
_____	_____
_____	_____

Certification of Employment

Supervisors: Submit this statement of experience with a letter of transmittal on company or firm stationery. You may include any additional material not covered by this form, which describes other qualifying experience or supplements information on the form.

I certify under penalty of perjury under the laws of the State of New Jersey that:

(a) the applicant has been supervised by me for the periods indicated herein;

(b) the applicant, in the course of such employment, has obtained the experience as indicated above;

(c) the applicant and I are/were both employed by the same employer and work(ed) at the same physical location;

(d) in my opinion, the applicant possesses good moral character and has other attributes required for a CPA; and

(e) I held an active license in good standing during the time I supervised the work of the candidate. (A copy of your license is required if certified outside the state of New Jersey.)

Name _____ Title _____

Company _____ Telephone number _____
(include area code)

Business address _____

Accounting license number _____ State of issuance _____

_____ _____
Signature Date

Sworn and subscribed to before me this

_____ day of _____, 20 _____ .

_____ _____
Name of Notary Public Signature of Notary Public

My commission expires _____

County _____ State _____

AFFIX
SEAL
HERE

NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION (SBI)

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) (Last Name) (Maiden Name) (First Name) (Middle)				SBI NUMBER (If Known)
ADDRESS (Number) (Street) (City) (State)				FBI NUMBER (If Known)
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

Michela Ross

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