North Carolina State Board of Certified Public Accountant Examiners
1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-1422 • Fax 919-733-4209 • Web www.nccpaboard.gov

INSTRUCTIONS FOR APPLICATION FOR NOTIFICATION OF INTENT TO PRACTICE IN NORTH CAROLINA

Attached is an application for a North Carolina Notification of Intent to Practice. This application is to be used **only** by those individuals who are licensed as CPAs in another jurisdiction and who do not reside or plan to reside in North Carolina but do plan to offer to perform or perform services for North Carolina clients. Individuals who plan to reside or permanently work in North Carolina **cannot** use this form. Individuals who plan to reside or permanently work in North Carolina must complete the *Application for Reciprocal North Carolina CPA Certificate* which is available from the Board's web site, www.nccpaboard.gov.

Notifications automatically expire each December 31 regardless of the date the application was submitted. All notification renewal forms will be mailed to the Administrator of Record that you list on the application. Failure to renew by January 31 signifies that you no longer service North Carolina clients.

To ensure that you have provided all necessary information and that the forms are completed correctly, please review the instructions below before returning the package to the Board.

NOTE: If your firm is a Professional Corporation (PC, PA, Inc., Corp., etc.) or Professional Limited Liability Company (PLLC, PLC, LLC, etc.), you must also send the paperwork necessary to domesticate your firm in North Carolina. Forms to register your foreign firm are available on the Board's web site, www.nccpaboard.gov, and must be submitted with your application.

Application Form

Did you answer all questions?
Did you sign and date the application?
Did you enclose a $50.00 check (payable to the NC State Board of CPA Examiners) or $50.00 credit card authorization?

Please refer to the Board's web site, www.nccpaboard.gov, for a current copy of the NC Accountancy Statutes and Administrative Code (Rules).

Print Form

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NOTIFICATION OF INTENT TO PRACTICE

This application is for use by an individual licensed as a CPA in another jurisdiction whose qualifications are substantially equivalent to 21 NCAC 08H .0101, who does not reside in North Carolina and does not plan to reside in North Carolina, but does intend to offer or render professional services as a CPA to clients in North Carolina pursuant to 21 NCAC 08H. 0106.

Mr./Ms. _____ Name _____

Home Address _____ City _____ State _____ ZIP Code _____

Home Telephone _____ Date of Birth _____ Social Security Number _____

Business/Firm Name _____ Job Title _____

Business Address _____ City _____ State _____ ZIP Code _____

Business Telephone _____ Fax _____ E-mail Address _____

If applicable, provide the following information for the main office in North Carolina:

Mailing Address _____ City _____ State _____ ZIP Code _____

Administrator of Record _____ Business Telephone _____ Fax _____ E-mail Address _____

AFFIRMATION OF LICENSEE

I affirm that I have passed all sections of the Uniform CPA Examination with a minimum score of 75 as reported by the American Institute of CPAs Advisory Grading Service. I affirm that I hold a validly issued active CPA certificate number _____ dated_____ from the _____ Board of Accountancy and hold a license/permit from said Board for the period ending _____ which allows me the unrestricted privilege to use the CPA title and to practice public accountancy in said Board's jurisdiction. My certificate and/or license/permit to practice is under no discipline by the issuing Board.

DECLARATION OF LICENSEE

I am submitting this Notification within 30 days after offering to render professional services through direct solicitation or marketing targeted to persons in North Carolina or within 30 days after accepting an engagement or assignment to render professional services in North Carolina. I am familiar with, and will comply with, the statutes and accountancy regulations of North Carolina. I consent to the discipline of practice privileges including, but not limited to, the revocation of practice privileges for any violation(s) of the statutes or accountancy regulations of North Carolina and for any act which would be cause for discipline if carried out by a licensee of North Carolina, or fraud or deceit in obtaining such privileges. I consent to the personal and subject matter jurisdiction and disciplinary authority of the North Carolina State Board of CPA Examiners. I consent to the appointment of the Board of Accountancy of my principal place of business which issued my certificate and/or license/permit to be the agent upon whom process may be served in any action against me or my firm. I consent that any change in standing of my CPA certificate and/or license/permit shall result in the immediate withdrawal of practice privileges in North Carolina. The information contained in this Notification is true and correct and I shall amend this Notification within 30 days of any change in the information provided herein. I declare under penalties of perjury that the information, statements, and any attachments made in conjunction with this application are true, correct, and complete.

Signature _____ Date _____

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CREDIT CARD PAYMENT

Credit card payment cannot be processed unless all fields below are complete.

_____ MasterCard _____ VISA Amount $_____

Account Number _____

Security Code _____ Expiration Date _____
(located on back of card in signature box) (Month/Year)

Exact Name on Card _____

Billing Address for Card _____
Street Address/PO Box City/State/Zip Code

Signature _____ Date _____

FOR BOARD USE **AUTHORIZATION CODE** _____