

State of Florida
Department of Business and Professional Regulation
Florida Board of Accountancy
Authorization for Transfer of Examination and/or Licensure Information Request
Form # DBPR CPA 12

If you have any questions or need assistance in completing this request, please contact the Department of Business and Professional Regulation, Customer Contact Center at (850) 487-1395.

Instructions: Complete this form to request the Florida Board of Accountancy to send verification of examination and licensure information to another state's board. Please be advised there is a processing fee of \$50 for each request.

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

It is the responsibility of the applicant to provide accurate information. The Florida Board of Accountancy is not liable for data not received by another state's board in the event that the information provided by the applicant is incorrect.

APPLICANT LEGAL NAME

LAST	FIRST	MIDDLE	MAIDEN

CURRENT MAILING ADDRESS

STREET		APARTMENT/SUITE #	
CITY	STATE/TERRITORY	ZIP/POSTAL CODE	

CONTACT INFORMATION

PRIMARY TELEPHONE	PRIMARY EMAIL ADDRESS

PERSONAL IDENTIFICATION INFORMATION

*SOCIAL SECURITY NUMBER	DATE OF BIRTH	LICENSE NUMBER (If Applicable)

*Under the Federal Privacy Act, disclosure of Soc. Sec. Numbers is voluntary unless specifically required by Federal status. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Section 653 & 654; and sections 445.203(9), 409.2577, & 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants & licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional & occupational license applications & will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec 317.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize the **Florida** Board of Accountancy to provide any and all pertinent information to the Board of Accountancy in the state of _____ to complete an application filed with that agency. I agree that the state Board may confirm the grades issued to me by the Advisory Grading Services of the American Institute of Certified Public Accountants.

Applicant Signature

Date Signed

SUBMIT FORM TO: Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, FL 32399.

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).