

**APPLICATION FOR CPA CERTIFICATE (LICENSE)  
BY MINNESOTA EXAM CANDIDATE  
INSTRUCTIONS**

**IMPORTANT:** *Please wait until you receive notification of successfully passing the CPA examination from the **Minnesota Board of Accountancy** before submitting your application for a license.*

1. Complete your application thoroughly and sign and date it.
2. Include the \$150 application fee. Make the check payable to "Minnesota Board of Accountancy."
3. Ethics Exam – All Minnesota CPA certificate applicants are required to pass the AICPA self-study [Comprehensive Professional Ethics Exam \(For Licensure\)](#) within two years preceding application. Contact the AICPA at 888-777-7077 for information on completing the examination and to send to the Board an official copy of your Ethics Exam results. **See [MN Rules 1105.1800](#).**
4. Complete the "Name" and "Address" portion of **three** Personal Reference Forms (page [4](#)). **Instruct your reference to complete the bottom portion and send the form directly to the Board office.** Your references cannot be related to you and they must have known you for a minimum of two years. You **can** have someone verifying your experience (see step 6) also be a personal reference.
5. Submit to the Board any transcripts needed to document **all** 150 semester (225 quarter) hours of qualifying education required for licensure (except official transcripts already sent to NASBA; those will be forwarded to us). **Do not open the transcript record.** Send it as sealed by the institution or have it mailed directly to us. List **all** institutions for which the Board will receive transcripts (directly or through NASBA) on page [1](#).
6. Complete Part 1 of the [Experience Verification](#) Form (page [3](#)) and have Part 2 completed by the verifying CPA(s) **and sent by them directly to the Board office.** If one individual cannot verify the full duration of required experience, submit as many additional forms as are necessary to meet the requirements in [MN Rules 1105.2600](#) and [1105.2800](#). These should be the same people you list in Section 4 of the application. You must submit the equivalent of one full-time year of experience.
7. Continuing Professional Education: If it has been more than three years since you first received notice that you passed the CPA exam, you must complete the [CPE Reporting Form for Status Change to Active](#) (under "Forms" on the Board website) showing 120 hours of CPE in the three years preceding the date you submit this application. **See [MN Rules 1105.3350](#).**
8. Mail the **application** (pages [1](#) and [2](#)) and **fee** to the address above. If applicable, also enclose the CPE Reporting Form.

[Authorization to Release Applicant Information Form](#): See this **optional** form for information on its use.

**Once all of the required documentation is received, your application will be presented to the Exam and Credentialing Committee at its [next regularly scheduled meeting](#).**

If you have questions regarding your application, please **call\*** the Board office at 651-296-7938.  
(\*Due to the confidential nature of the information, we cannot respond to questions specific to your application via email.)

**NOTICE OF COLLECTION OF PRIVATE DATA**

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2017) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2017), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.

**APPLICATION FOR CPA CERTIFICATE (LICENSE)  
BY MINNESOTA EXAM CANDIDATE**

**Application Fee: \$150**

Complete **ALL** sections of the application form.

**SECTION 1: GENERAL INFORMATION**

**Military Only** ▶ If you or your spouse are an active duty military member or if you have left service in the last two years with an honorable or general discharge, check box:

▼ **All Applicants: Provide home and work contact information and other details**

If you are employed/self-employed, you must include **both** your home **and** work information.

Legal Name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix) Social Security # \_\_\_\_\_

Former Name \_\_\_\_\_ (if applicable) Birth Date \_\_\_\_\_ (MM) (DD) (YYYY) Gender:  Male  Female

Preferred "mail to":  Home  Business

Employer Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ Work City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Work State \_\_\_\_\_ Work Zip \_\_\_\_\_

Date you passed the CPA Examination: \_\_\_\_\_ (MM) (DD) (YYYY)

**SECTION 2: EDUCATION**

See step 5 on the [Instructions](#) page.

College/University Attended	City, State	Degree Received	Date Graduated

**SECTION 3: PERSONAL REFERENCES**

See step 4 on the [Instructions](#) page. Complete the top portion of a Personal Reference Form (page 4) for each person.

Name	Address	City	State	Zip

## SECTION 4: EMPLOYMENT HISTORY/EXPERIENCE VERIFICATION

List those employer(s)/CPA(s) who will verify your qualifying experience. See step 6 on the [Instructions](#) page. Be sure that all addresses are current and correct.

Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

## SECTION 5: AFFIDAVIT

Have you ever had a CPA certificate, license or permit disciplined, denied, surrendered, suspended or revoked?

Yes\*  No

Have you ever been convicted of a crime or any other discreditable act?

Yes\*  No

\* If you answered "yes" to either question above, provide a statement of explanation on a separate sheet of paper.

I hereby apply for a license as a Certified Public Accountant in the State of Minnesota. I understand that according to Minnesota Statutes and Rules, the act of filing this application shall constitute agreement upon my part to observe the Board's Statutes and Rules.

The statements given in this application are true and correct to the best of my knowledge and belief. I have not suppressed any information which may have bearing upon this application and I know of no reason why my application should not be approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EXPERIENCE VERIFICATION FORM (CPA LICENSURE)

**Applicant:** Use a separate form for each employer/verifying CPA listed in the "Employment History" section of your application. Complete **Part 1** and send to the verifying CPA, who is to complete Part 2 and return this form directly to the Board office (see address above). You may wish to provide the verifying CPA with a stamped and addressed envelope for this purpose. **NOTE:** The Board calculates your experience based on the **earliest** of these dates: employment end, verifying CPA signature, or date the form is received by the Board.

### PART 1 – To be completed by the applicant

Applicant Name \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Full Time  Part Time\*  Temporary\*

\*Total hours, if part time or temporary: \_\_\_\_\_

Detailed description of your tasks performed, including such factors as the complexity and diversity of the work:

**Verifying CPA:** Please complete **Part 2** and return this form to the Board of Accountancy at the address listed above. **Do not return to the applicant.**  
**NOTE:** You must hold an **Active** or an **Inactive** license in good standing in the jurisdiction in which the applicant gained their experience and have sufficient knowledge of the information provided above in order to serve as the verifying CPA.

### PART 2 – To be completed by the CPA verifying the applicant's experience.

The above-named individual is applying for a CPA license. Please answer the following questions:

Do you believe the above information is accurate?  Yes  No\*

Do you know of any reason the applicant should **not** be considered for a CPA license?  Yes\*  No

Do you **recommend** the applicant for a CPA license?  Yes  No\*

\*If you checked any of the boxes with an asterisk (\*), provide an explanation below or use the back of this form.

I have read the above and believe it to be true, correct and complete to the best of my knowledge. I understand that I may be asked to substantiate the basis for my verification.

\_\_\_\_\_  
Printed Name CPA License # Status:  Active or  Inactive

\_\_\_\_\_  
Signature State Where Licensed Date

**PERSONAL REFERENCE FORM**

**Instructions for Applicant:** Complete the top portion of this form and send it to your reference.

Name of Reference \_\_\_\_\_

Address of Reference \_\_\_\_\_

\_\_\_\_\_ has applied to the Minnesota Board of Accountancy for a CPA license.  
(Legal Name of Applicant)

**Instructions for Reference**

The applicant has listed you as a personal reference. To serve as a reference, you should have known the person for at least 2 years, feel you can attest to their professional qualifications, and not be related to them.

Please provide the following information and return this form to the Board office at the address shown above.

**Do not return to the person seeking the reference.** Please note that **failure to complete this form in a timely manner may delay the individual's license application.**

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Is the applicant related to you? \_\_\_\_\_

Do you consider the applicant honest in every respect?

Yes  No\*

Is the applicant reliable?

Yes  No\*

Is the applicant trustworthy?

Yes  No\*

Have you employed or supervised the work of the applicant at any time?

Yes  No

If so, was the applicant's work satisfactory?

Yes  No\*

Have you had sufficient personal contact with the applicant to enable you to serve as a reference?

Yes  No\*

Do you know of any reason the applicant should not be granted a CPA license?

Yes\*  No

\*If you checked a box with an asterisk (\*) provide an explanation below or attach a separate sheet.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**AUTHORIZATION TO RELEASE  
APPLICANT INFORMATION  
TO A THIRD PARTY**

**THIS FORM IS NOT REQUIRED**

Only complete this optional form if you intend someone other than yourself to contact the Board regarding the status of your application.

Minnesota law prohibits the Board from sharing any information regarding your application (prior to final licensure) with **anyone** other than yourself unless you submit this authorization.

**AUTHORIZATION/RELEASE**

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act** and authorize the Minnesota Board of Accountancy to provide information contained in my application materials, including any documents, to the following individual:

\_\_\_\_\_ Provide first and last name of third party who may receive information.

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

\_\_\_\_\_ Printed Name of Applicant

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature