

**APPLICATION FOR MINNESOTA 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](#) 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 7) also be a personal reference.
5. Submit an official transcript from the accredited educational institution(s) at which you completed 150 semester hours or 225 quarter hours of qualifying education. **Do not open the transcript record.** Forward it as sealed by the institution or have it mailed directly to us.
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-year period preceding 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:**  
See page 5 for information on this **optional** form's 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 application information, we cannot respond to questions via email.)

**Data Practices Act Warning**

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2016). All data, except social security number, telephone number and email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2016).

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

**Application Fee: \$150**

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

**Section 1: General Information**

**Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge?**

No  Yes

**Contact Details:**

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

Former Name \_\_\_\_\_  
(if applicable)

Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender:  Male  Female  
(MM) (DD) (YYYY)

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

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

City \_\_\_\_\_

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

Preferred "mail to":  Home  Business

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

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

Work Fax \_\_\_\_\_

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

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

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

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

**Section 2: Personal References**

List the names and current address of three responsible persons who:

- a) are not related to you,
- b) have known you for at least 2 years, and
- c) can attest to your professional qualifications.

If possible, the list should include a CPA. Complete the top portion of a Personal Reference Form (page 4) for each person.

Name	Address	City	State	Zip

### Section 3: Employment History/Experience Verification

List the employer(s)/CPA(s) who will verify your qualifying experience. Be sure that all addresses are current and correct. For the duration and type of experience required, see [MN Rules 1105.2600](#) and [1105.2800](#). If you are already licensed in another state, see also [MN Statute 326A.04.3](#).

Complete Part 1 of the [Experience Verification Form](#) (page 3) and have Part 2 completed by the verifying CPA(s). The verifying CPA(s) should return that form directly to the Board office.

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 4: 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 any 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 Certificate of 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**  
(For CPA Application)

**Applicant:** Please complete **Part 1** for each verifying CPA you listed in "Employment History" on your application and send it to them.

**Part 1 – To be completed by the applicant**

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

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

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

Full Time  Part Time\*  Temporary\*

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

\*Number of hours of experience obtained, if employment was part time or temporary: \_\_\_\_\_

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

Describe, in detail, the nature of the work you performed including such factors as the complexity and diversity of the work performed:

**Verifying CPA:** Please complete **Part 2** of the form and return the 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 (from any jurisdiction) in good standing 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 complete 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 a box 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

**MINNESOTA BOARD OF ACCOUNTANCY**

85 East 7th Place, Suite 125

St. Paul, MN 55101-2143

Ph: 651-296-7938

Fax: 651-282-2644

[boa.state.mn.us](http://boa.state.mn.us)

**PERSONAL REFERENCE FORM**

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

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

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

**Instruction:** The applicant has listed you as a personal reference. Please provide the following information and return this form to the Board office at the address shown above. **Failure to do so may delay the processing of the application.** Thank you for your assistance.

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

**Important:** This completed form should be sent by the reference directly to the Board office (see contact information above). **Do not return to the person seeking the 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.

**MINNESOTA BOARD OF ACCOUNTANCY**

85 East 7th Place, Suite 125

St. Paul, MN 55101-2143

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**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