MINNESOTA BOARD OF ACCOUNTANCY
85 East 7th Place, Suite 125
St. Paul, MN 55101-2143

CLEAR FORM PRINT FORM

Ph: 651-296-7938
Fax: 651-282-2644
boa.state.mn.us

PERSONAL REFERENCE FORM

Instructions for Applicant: Complete the first three fields, then send this form to your reference.

Name of Reference _____

Address of Reference _____

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

Instructions for Reference: 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.

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