

## APPLICATION FOR TEMPORARY MILITARY CERTIFICATE (CPA) INSTRUCTIONS

1. Read the qualifications for temporary military certificate (**Minnesota Statutes §197.4552** and **326A.04 Subd. 1a**, and **Minnesota Rule 1105.2540**). Qualified individuals must be: (1) an active duty military member; (2) the spouse of an active duty military member; or (3) a veteran who has left service in the two years preceding the date of license or certification application, and has confirmation of an honorable or general discharge status.
2. Complete your application thoroughly (attach additional pages as necessary).
3. Enclose Evidence of Military Status.
4. Enclose a current criminal background check.
5. Include the \$100 certification fee. Make checks payable to “Minnesota Board of Accountancy.”
6. **Authorization for Interstate Exchange of Examination & Certificate/License Information** Form (page 3) – Complete the “**Requested by**” section of the form and send to **any one of the** state boards in which you are **currently certified or licensed**. You are responsible for any fees that state may require for this service.
7. Mail the **application** (pages 1 and 2), along with the **documentation** noted in items 3 and 4, and the **fee** to the address above.

It is your responsibility to complete forms and have third parties forward any documents noted in the instructions. All required forms and documents must be received before the Board can consider your application.

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.)

**If the Board finds that you are eligible for certification:**

The Board will issue a temporary certificate and notify you in writing. Temporary certificates are valid for a maximum of six months.

**During the temporary certificate period, you must complete the full application required for certification (“CPA Certificate Application [by Non-Minnesota Exam Candidate]”) and pay the application fee. It is your responsibility to complete that application and submit all supporting documentation. Temporary certificates cannot be renewed.**

**If the Board finds that you are ineligible for certification:**  
You will be notified in writing.

### 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. If you fail to provide this data, 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 (2022) 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 (2022), 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 and non-designated address, become public record.

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

**APPLICATION FOR  
TEMPORARY MILITARY CERTIFICATE (CPA)**

Return form with **\$100 fee** payable to MN Board of Accountancy at the address above.

See [instruction](#) page for further required information.

**SECTION 1: GENERAL INFORMATION**

Full Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

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

Preferred "mail to":  Home  Business

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

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

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

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

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

City \_\_\_\_\_

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

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

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

Is your principal place of business in the State of Minnesota?  Yes  No\*

\*If no, explain why you need a Minnesota Certificate below:

## SECTION 2: LICENSE HISTORY

List all states in which you have been issued a CPA certificate and/or license or permit to practice.

**Note:** You will need to request verification of your licensure (see form [page 3](#)) from just **one** state in which you hold a **current** license/certificate.

State	Certificate/License/Permit #	Date Issued	Currently Active?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 3: DESIGNATION STATEMENT FOR TEMPORARY CPA CERTIFICATE

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

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF  
EXAMINATION AND CERTIFICATION INFORMATION**

**Applicant:** Complete Section A and send this form to the state that has your exam scores or in which you have been licensed/certified.

**Section A: Applicant Contact Information and Authorization**

Full Legal Name \_\_\_\_\_ Last 4 of SS # \_\_\_\_\_ Former Name \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix) (if applicable)

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

I am applying to the Minnesota Board of Accountancy for a Minnesota CPA license. I authorize the Verifying Board to provide any and all pertinent information requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Verifying Board:** Please complete Sections B and C and return to the Minnesota Board at the address above.

**Section B: Examination Scores**

(Please list only those exams for which the applicant was granted credit)

Exam Date	AICPA ID#	Auditing and Attestation (AUD)	Business Environment and Concepts (BEC)	Financial Auditing and Reporting (FAR)	Regulation (REG)

**Section C: Certificate Status**

CPA Certificate held by applicant is  Original  Reciprocal. Certificate # \_\_\_\_\_ Dated \_\_\_\_\_

Has the applicant successfully completed an AICPA Ethics Examination?  Yes  No

Does the applicant hold a CPA license/permit to practice public accounting from your Board and is it in good standing?  Yes  No

Has the applicant met all of the qualifications for licensure from your Board?  Yes  No

Please indicate the requirements in your state that must be met for issuance or reinstatement of a license (select all that apply):

License/Permit not required  Pay appropriate fees or post bond  Complete acceptable accounting/auditing experience

Complete CPE requirements  Other (please specify) \_\_\_\_\_

Has your Board ever suspended or revoked the applicant's certificate, permit or license to practice?  Yes  No

Has the applicant ever been censured or reprimanded by your Board?  Yes  No

**The information provided herein is correct to the best of our knowledge.**

Name of State Board: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

