

STATE BOARD OF ACCOUNTANCY

MAILING ADDRESS
STATE BOARD OF ACCOUNTANCY
P.O. BOX 2649
HARRISBURG, PA 17105

COURIER ADDRESS
STATE BOARD OF ACCOUNTANCY
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

PHONE 717-783-1404
FAX 717-705-5540
E-MAIL st-accountancy@pa.gov
WEBSITE www.dos.pa.gov/account

TEMPORARY PRACTICE PERMIT APPLICATION - FEE \$25.00

☐ **FIRM**
☐ **INDIVIDUAL**

CHECK OR MONEY ORDER PAYABLE TO "COMMONWEALTH OF PA." FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. \$20.00 PROCESSING FEE WILL BE CHARGED FOR ANY PAYMENT RETURNED BY YOUR BANK, REGARDLESS OF THE REASON FOR NONPAYMENT. IF A PENDING APPLICATION IS OLDER THAN ONE YEAR FROM THE DATE SUBMITTED AND THE APPLICANT WISHES TO CONTINUE THE APPLICATION PROCESS, THE BOARD SHALL REQUIRE THE APPLICANT TO SUBMIT A NEW APPLICATION INCLUDING THE REQUIRED FEE. IN ORDER TO COMPLETE THE APPLICATION PROCESS, MANY OF THE SUPPORTING DOCUMENTS ASSOCIATED WITH THE APPLICATION CANNOT BE MORE THAN SIX MONTHS FROM THE DATE OF ISSUANCE. COMPLETE USING BLACK INK-MUST BE LEGIBLE. **Submit original application, not a copy.**

SECTION 1: *Verification of current licensure must be received directly from the state in which you hold a license.*

APPLICANT NAME			
MAIDEN NAME, IF APPLICABLE			
FIRM NAME			
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
BUSINESS TELEPHONE NUMBER			
CPA LICENSE NUMBER & STATE			
SOCIAL SECURITY NUMBER		Date of Birth	
EMAIL ADDRESS:			

SECTION 2:

CLIENT NAME			
CLIENT ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
PROJECT LOCATION			
PERIOD OF ENGAGEMENT	FROM	MM/DD/YYYY	TO MM/DD/YYYY (USE COMPLETE DATES)

SECTION 3: *Brief description of professional services to be performed under temporary permit.*

SECTION 4: Verify that firm does NOT maintain an office in Pennsylvania and list estimated hours of engagement.

☐ FIRM DOES NOT MAINTAIN AN OFFICE IN PENNSYLVANIA

_____ ESTIMATED HOURS OF ENGAGEMENT

SECTION 5:

LIST TEMPORARY PERMIT NUMBERS PREVIOUSLY ISSUED TO APPLICANT FOR ENGAGEMENT IN PENNSYLVANIA:

SECTION 6: THE FOLLOWING QUESTIONS MUST BE ANSWERED: *If you answered "yes" to questions 3-6 provide a full written explanation in addition to a certified copy of the record with this application.*

	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction: _____		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	<input type="checkbox"/> Check here if action was taken in PA-Certified copies not required if action taken by PA Board.	
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

IMPORTANT NOTE: Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived or worked for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. **For applicants residing in Pennsylvania,** request your CHRC from the Pennsylvania State Police at <https://epatch.state.pa.us>. **For applicants residing in California and/or Arizona:** Due to the laws of these states, the Board is not an eligible recipient of CHRC's from California and Arizona. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check at <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> in lieu of obtaining a CHRC from California and Arizona.

SECTION 7:

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

SOCIAL SECURITY ACT CERTIFICATION:

In order to comply with federal law, the State Board of Accountancy is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number

Applicant signature (same person listed in Section 1 or Officer of Firm)

**Date-MUST BE WITHIN 30 DAYS OF
RECEIPT IN BOARD OFFICE**